

Attachment A

BLOODBORNE PATHOGENS

EXPOSURE PLAN

WHITE PINE COUNTY SCHOOL DISTRICT

HOW CAN AN EMPLOYEE/STUDENT BE EXPOSED TO BLOODBORNE PATHOGENS ON THE JOB/AT SCHOOL

Needlesticks or cuts from used needles or sharps

Contact of your eyes, nose, mouth, or broken skin with blood

Assaults-bites, cuts, or knife wounds

How can you protect yourself?

Get the hepatitis B vaccine.

✓ Read and understand your employer's Exposure Control Plan

Dispose of used sharps promptly into an appropriate sharps' disposal container

Use sharps devices with safety features whenever possible

Use personal protective equipment (PPE) such as gloves and face shield every time there is a potential for exposure to blood or body fluids.

Clean work surfaces with germicidal products.

What should you do if you're exposed?

1. Wash needlesticks and cuts with soap and water.
2. Flush splashes to nose, mouth or skin with water.
3. Irrigate eyes with clean water, saline or sterile wash
4. Report all exposures to supervisor promptly to ensure you receive appropriate follow up care
5. Fill out "Notice of Injury or Occupational Disease" (Incident report)
6. For human bites please see attached Human Bite Protocol

White Pine County School District

1135 Avenue C Ely, Nevada 89301 (775) 289-4851 FAX (775) 289-3999



PROTOCOL FOR HUMAN BITE INCIDENT AT SCHOOL

Procedure to follow in the event of a human bite wound:

1. Put on disposable gloves
2. Assess the wound
3. Clean wound with soap and water and rinse for 2-3 minutes
4. Apply cold compress
5. Check Hepatitis B and Tetanus immunization status for compliance of both the biter and the person that was bitten if the skin is broken.
6. Maintain confidentiality of all involved students and staff.
7. Notify Principal immediately.
8. Notify School Nurse (if not on premises) immediately.

Student specific procedures:

1. Notify student's parent/guardian immediately.
2. Urge immediate medical evaluation with a physician or healthcare provider for both the student that was biting and the person that was bitten if it is possible there was an exchange of blood or body fluids.
3. Complete White Pine County Health Services Parent Communication Report of Human Bite form and provide to parent/guardian of affected students.
4. Refer parent to teacher/administrator regarding behavior or supervision concerns
5. Complete incident report

Staff specific procedures:

1. Advise employee to complete workers compensation paperwork.
2. Refer employee to seek medical evaluation from physician or healthcare provider due to possible exchange of blood or body fluids.
3. Complete incident report

Follow up procedures:

1. Chief Nurse to confer with administrator and classroom staff to review the context of the biting incident
2. Consider whether changes in supervision and/or environment are needed.
3. Evaluate the need for protective equipment
4. Provide additional staff education as needed.

WPCSD 05-2020

BOARD OF SCHOOL TRUSTEES

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The White Pine County School District operates without discrimination on the basis of sex, religion, national origin, age or disability in compliance with the Title VI, Title VII, Title IX, Section 504, and all other applicable civil rights legislation.

White Pine County School District

1135 Avenue C Ely, Nevada 89301 (775) 289-4851 FAX (775) 289-3999



Parent Communication Report of Human Bite White Pine County School District Health Department

Student: _____ Date of Birth: _____ School: _____

Teacher: _____ Grade: _____ Date of Incident _____

Dear Parent/Guardian:

Today your child was involved in a biting incident.

- Your child was bitten.
- Your child bit another student.
- Your child bit a staff member.

He/she was evaluated at school by _____

- I was unable to reach you by telephone.
- I was able to reach you by telephone.

In any biting incident, there is the remote possibility of exposure to blood borne pathogens from both the biter and the person who is bitten. Communicable disease can be spread in this fashion and may pose a threat to either party. The following actions were taken:

- The wound was assessed and the skin **does not** appear to be broken.
- The wound was assessed and the skin **does** appear to be broken.
- Wound was cleaned with soap and water, and bandaged to prevent infection.
- Your child's mouth was rinsed with water and assessed for any resulting injury.
- Hepatitis B immunization status was checked for both individuals.
 - your child is adequately immunized against Hepatitis B
 - The other involved person is adequately immunized against Hepatitis B.
- Tetanus immunization status was checked for both individuals.
 - your child was immunized last on _____
 - The other involved person was immunized on _____
- Follow up with your physician or health care provider is recommended.

Thank you for your cooperation. Please call if you have any questions.

Sincerely,

Heather Williams RN BSN
Chief District School Nurse
775-289-4811 ext. 5105

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Reset Form

**"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"
(Incident Report)
Pursuant to NRS 616C.015**

Name of Employer _____

Name of Employee		Social Security Number	Telephone Number	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)		
What is the nature of the injury or occupational disease?			List any body parts involved:	
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)				
Names of witnesses:				
Did the employee leave work because of the injury or occupational disease? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)?	Has the employee returned to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, when (date and time)?	
Was first aid provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, by whom?	Name and address of treating physician, if applicable or known		
Did the accident happen in the normal course of work? (if applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO				
Was anyone else involved? <input type="checkbox"/> YES <input type="checkbox"/> NO	Names of others involved			

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature _____ Date _____

Signature of Injured or Disabled Employee _____ Date _____

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the State of Nevada for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://dhhs.nv.gov/Programs/CHA> E-mail: cha@govcha.nv.gov

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee

WHITE PINE COUNTY SCHOOL DISTRICT

ADMINISTRATIVE REGULATION 7510

HEALTH PROTOCOL

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WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Philosophy

The primary purpose of school health services is to facilitate and promote optimal learning for all children by assisting in the improvement or adaptation of their health status. It has been shown that the quality and quantity of education of each student is in direct proportion to his physical, mental, emotional, and social well-being. Health is critical to the basics of education and should be part of the continuum of school services available to every student.

The school has the responsibility and opportunity to enable children to achieve their maximum potential for learning, growth, and development. The emphasis of Health Services Department in White Pine County School District should be on preventive health education.

Health Services Department subscribes to the following beliefs as written and endorsed by the American School Health Association:

- *Every child is entitled to educational opportunities which will allow each to reach full capacity as an individual and to prepare him or her for responsibility as a citizen.
- *Every child is entitled to a level of health which permits maximum utilization of educational opportunities.
- *Every school has a legal and moral obligation to provide a school health program which will protect the health of its children and youth.
- *The school health program should be consistent with the philosophy and objectives of the school program.
- *The school health program, through the components of health service, health education and concern for the environment, provides knowledge and understanding on which to base decisions for the promotion and protection of individual, family and community health.
- *Parents have the basic responsibility for the health of their children; the school health program activities exist to assist parents in carrying out their responsibilities.
- *The community has the responsibility of providing comprehensive health and related services; the school health program will assist parents and youth to utilize such community services effectively.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

The School Nurse

The school nurse, as part of the professional team concerned with providing an adequate and effective school health service, has a significant contribution to make from her nursing knowledge and skills. She contributes to the success of the school health program by her participation in the planning, implementation and evaluations of the various phases of service, education and healthful environment.

The school nurse should have academic credentials comparable to those of other faculty members in the school with background in public health, child growth and development, educational theories and methods, psychology, sociology and health assessment.

The school nurse assumes the role of health manager and deliverer of health services in the school; she is the advocate for health rights of children; counselor for health concerns of children, families and staff.

The goals of the department staff are to:

- *promote, maintain, and contribute to the understanding of the health of the student.
- *identify, assess, and evaluate health related problems among the student population in order to make a nursing diagnosis and establish a written protocol which will allow certain students to remain in and reap the full benefits of school.
- *assist students to become increasingly responsible for their own health and management of their own health problems.
- *counsel the pupil, parent and school personnel and develop a plan of action for eliminating, minimizing or accepting any health problem that interferes with effective student learning.
- *to provide health care services for students who have become ill or injured at school.
- *maintain liaison with primary health care providers.
- *to promote safety and awareness of health and environmental hazards within the school setting.
- *coordinate efforts with community health programs/agencies in health related matters.
- *serve as health consultant and resource person for the health curriculum and to recommend modifications in health education programs to administration as the need arises.

TITLE: Nurse

QUALIFICATIONS: 1. License in the State of Nevada
2. Registered Nurse (R.N.)
3. Current BCLS card

REPORTS TO: Building Principal

SCHEDULING: Central Office

JOB GOAL: To provide the fullest possible educational opportunity for each student of the District by minimizing absence due to illness and creating a climate of health and well-being in the District schools.

PERFORMANCE RESPONSIBILITIES:

1. Interpretation of immunization laws and maintains up-to-date cumulative health records on all students.
2. Conducts school health service, including physical examinations, immunizations, and tests for sight and hearing.
3. Assumes responsibility for selection and referral of students in need of medical and dental care.
4. Work with MDT and/or IEP committees regarding medical aspects of a Special Education student's needs or problems.
5. Work with teachers/principals on awareness of the signs of child abuse and neglect.
6. Participates with school staff in developing and implementing a total school health program.
7. Implements and maintains a wellness program for all staff members, including health risk appraisals, testing and referrals.
8. Prepares and submits reports for the Superintendent and the State Board of Health.
9. Assists school personnel in establishing sanitary conditions in schools.
10. Participates in inservice training program.
11. Visits students homes when necessary.
12. Authorizes exclusion and readmission of students in compliance with Board policy on infections and contagious diseases.
13. Advises on modification of the educational program to meet health needs of individual students.
14. Ability to use and interpret results of a nationally recognized child development test; such as the Denver Developmental Test.

TERMS OF EMPLOYMENT: Ten, eleven, or twelve month year. Salary and work year to be established by the Board.

EVALUATION: Performance of this job will be evaluated in accordance with provisions of the Board's policy on Evaluation of Professional Personnel.

NURSE AIDE

SUMMARY DESCRIPTION

Under general supervision, administers first aid to injured and ill students; notifies appropriate school authorities and parents or responsible adult regarding student's condition; maintains student's personal, immunization and medical records and files. Performs related work as required.

DUTIES AND RESPONSIBILITIES

Renders first aid to injured and ill students; cleanses and bandages minor cuts and burns; may immobilize and splint possible fractures when required; administers artificial respiration or CPR in cases of loss of breathing or pulse; under the direction of the School Nurse, assists students with medication as prescribed by a physician and approved by a parent; conducts basic vision and hearing screening for students; assists in coordinating immunization audits; refers students to school nurse as necessary; follows School Health Services protocols on health related issues.

Updates and maintains vital statistics and other pertinent health and medical data for each student as designated by the school nurse; maintains accident and illness logs for each student assisted in the nurse's office; prepares required student accident/injury reports; prepares routine statistical reports; performs general clerical duties in the accomplishment of assigned tasks; prepares immunization cards on all new students.

Cleans and changes linens on bed in nurse's office; cleans and disinfects instruments and equipment; maintains nurse's office in a neat and clean manner; maintains sufficient stock of supplies.

Assists school nurse and principal in special assignments or daily routines; assists the student, parents, school personnel and others by providing general information on School Health Services policies and procedures as they relate to community health issues.

EMPLOYMENT STANDARDS

Education/Experience: EMT required within 1 year of hire. Any experience equivalent to education and experience that would provide the required knowledge and skills is qualifying. A typical way to obtain the knowledge and skills would be:

1. Completion of EMT certification course.
2. Any related experience that would demonstrate the ability to successfully perform the necessary duties would be qualifying.

Knowledge of: Behavior and characteristics of students is desirable; cardiopulmonary resuscitation procedures; emergency and first aid procedures; current office methods; files and record management; telephone etiquette.

Skill at: Administering cardiopulmonary resuscitation; rendering first aid to injured and ill students; preparing and maintaining accurate and complete records, files and reports; dealing tactfully with students, parents, and school personnel on health issues; applying specific laws, rules and office policies and procedures; reading, writing and speaking English at a level required for successful job performance; working quickly and effectively in stressful and emergency situations; understanding and carrying out oral and written instructions; establishing and maintaining effective working relationships with those contacted in the course of work.

Licenses/Certificates required: Possession of a current Cardiopulmonary Resuscitation (CPR) certificate; possession of a Standard First Aid card, Emergency Medical Technician (EMT) certificate.

WHITE PINE COUNTY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

Screening Programs

NRS 392.420 mandates “ .. an examination of every child who is regularly enrolled in a grade specified by the board of trustees or superintendent of schools of the school district... to determine whether the child has scoliosis, any visual or auditory problem , or any gross physical defect.”

Screening programs are organized by the school nurse at the appropriate grade level in cooperation with other school personnel and may be accomplished through a team effort. The purpose of the screening program is to identify those students in need of further evaluation by health professionals.

The following guidelines in obtaining required screenings for children receiving in-person or distant learning:

- Send a letter to parent/guardian with notice screening will be conducted on designated dates.
- Request parent/guardian bring student receiving online instructions to the school so screening may be performed in accordance with the statutes.
- In lieu of the screening(s) provided by the school, an parent/guardian may provide screening record signed by licensed professional between July and June of current school year.

Per NRS 392.420, “ The notice must inform the parent or guardian of the right to exempt the child from all or part of the examinations. Any child must be exempted from an examination if the child’s parent or guardian files with the teacher a written statement objecting to the examination. ”

The following grade levels will be screened each year:

- Kindergarten Vision and Hearing
- 4th Grade Vision and Hearing
- 7th Grade Vision, Hearing, and Scoliosis
- 11th Grade Vision and Hearing

These grade levels are subject to change as needed.

In addition, all referrals from teachers, pupils, parents, and counselors, and all new students to district are screened.

5.3 Preparing for Testing

5.3.1 Preparing the Patient

The patient should sit with back to device and examiner so they do not see any pressing of the buttons.

Prior to hearing threshold level measurements, the following instructions should be given: *"You will now hear a variety of tones with various loudness levels, raise your hand as soon as you hear the tone in either ear"*.

5.3.2 Placement of Headphones



Figure 4

Eliminate any obstructions which will interfere with the placement of the ear cushions on the ear (i.e. hair, eyeglasses).

Ensure that the headphones (Figure 4) are positioned correctly: red phone on the right ear, blue phone on the left ear. Adjust the headband of the headphones so that the earphones are positioned at the correct height (i.e. the sound output grid exactly facing the ear canal).

5.3.3 Test Environment

Excessive sounds or noises in the chosen test environment can produce a masking effect and therefore affect test results. The selected site should be away from conversations, hallway traffic, outside auto traffic, and other noise producing environments.

5.4 Performing Tone Tests with MA 1 (Air Conduction Testing)

5.4.1 Screening

A hearing screening utilizes a **Pass** or **Refer** result and is used to determine if further testing is required as a hearing problem may exist. Patients are typically screened at a level of **20 dB HL** at **500 Hz, 1000 Hz, 2000 Hz, and 4000Hz** in **each ear**. If a patient hears all the tones in each ear, the result would be considered a **Pass**. Failure to hear even one of the tones in either ear would result in a **Refer**.

NOTE: This is an example of one screening protocol. Each state may have their own screening protocol. Contact your state health department for guidelines in your area.

5.5 Conducting a Hearing Screening

5.5.1 Familiarize the patient with the test procedure

1. Press the black right/left button to turn on the MA 1.
2. Use this same button to select the right ear (red LED).
3. Press the up or down arrow keys to select 50 dB HL.
4. Press the 1000 Hz button 1-2 seconds to present the tone to the patient. The tone will be presented as long as the corresponding frequency key is held down. (This level is loud enough that a normal hearing patient should hear the tone clearly in a quiet setting.)
5. The patient should raise their hand when the tone is played. Play the tone a second time to make sure they understand the task. If not, re-instruct and try again. If no response is obtained, change to the left ear to confirm unresponsiveness.

5.5.2 Perform the Hearing Screening

Once the patient understands the task, continue to the screening process.

1. Change the hearing level to 20 dB HL and press the 1000 Hz button 1-2 seconds to present the tone to the patient.
2. Record whether the patient responded by raising their hand. Present again to confirm response at 20 dB HL.
3. Continue the same procedure for the other frequencies. Record all results on the audiogram card provided.
4. Patients are typically screened at a level of **20 dB HL** at **500 Hz, 1000 Hz, 2000 Hz, and 4000Hz** in **each ear**. If a patient hears all the tones in each ear, the result would be considered a **Pass**. Failure to hear even one of the tones in either ear would result in a **Refer**.

Note: When presenting tones, be sure to vary the timing of the tone presentation. This is to prevent the patient from routinely raising his/her hand instead of responding to the actual tone presentation.

- Best practice is to confirm each frequencies response before moving to the next frequency. Limit testing to no more than 4 presentations to reduce false positive responses.
- When no response is given at one or more frequencies, reinstruct the patient, reposition headphones and, when possible, change examiners. Continue rescreen within the same screening period.

5.5.3 Results

PASS: The screening is considered a pass result if the child responds to all screening frequencies in both ears.

REFER: The child does NOT pass the screening and should be referred for further testing if:

- child misses any of the frequencies in either ear, even if it is just one, OR
- cannot complete the screening process.

To get started, go to www.welchallyn.com/getstarted for information about using and servicing your product. >>



- How To Videos
- Directions For Use
- Service and Support
- Warranty Registration

Turn on the vision screener

To turn the vision screener on, press and release the Power button ① located next to the AC power connector. The start-up process takes approximately 30 seconds, and then the device displays the Home screen.

Charge the vision screener

Note: The device needs to be charged for **4 hours** before use.

1. Connect the provided DC cord set and power supply/charger together.
2. Locate the DC power connector on the vision screener and connect the power supply/charger. The DC power connector easily inserts into the vision screener.



CAUTION Using force to connect the power charger can damage the device and voids the warranty.

3. Plug the DC power cord into an available wall outlet and turn on the device to charge the vision screener.

Controls, display window, and connections



- | | |
|--|-----------------------|
| 1. Ambient light sensor | 7. AC power connector |
| 2. LCD screen | 8. Power button |
| 3. Neck strap mount | 9. Wrist strap mount |
| 4. USB port | 10. Range finder |
| 5. Battery charge green LED indicator (Flashing) or charged (Continuous) | 11. Front glass |
| 6. Tripod mount | 12. Speaker |

Home screen



1. **Queue** – View, select or search for queued subjects from a list to begin the screening process.
2. **History** – View already screened subjects (completed records).
3. **Tools** – A variety of options to customize the vision screener.
4. The **Start** button allows you to:
 - Enter subject information such as ID, First and Last Name, Gender and Date of Birth (DOB)/Age (Required)
 - Find queued subjects (exact match on the ID screen)
 - Begin the screening process (Binocular and Monocular available)
 - Review and print screening results
5. **Battery status** –
 - Battery Charging
 - Battery charge status
6. **Age Range** – Lets you begin screening with no subject information except the age. You can add more subject information after the screening.






Welch Allyn Technical Support
www.welchallyn.com/support

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Connect to a wireless network

Note: Your system administrator can supply you with the case-sensitive information needed to access the network.

1. Touch **Tools**, and then touch **Network** .
2. To connect a device to the network, add the network name, security type, and password.
3. Touch **OK** to save your changes and return to the previous screen.
4. To verify the network connection status, check the status bar at the top of the screen.

Icon	Meaning
	You have successfully connected the device to your wireless network. The vertical bars indicate the strength of the connection.
	The device is not connected to the network. For tips on connecting to the network, refer to Troubleshooting.

5. To return to the Tools menu, touch the **X** in the upper-left corner of the screen.


Connect to a printer

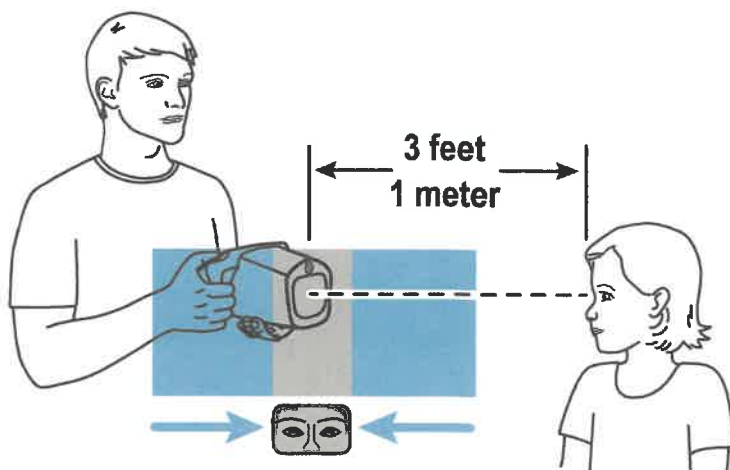
Note: You can connect the device to a USB printer or you can add a wireless network printer.

1. Touch **Tools**, and then touch **Printer**. The Available Printers screen appears.
2. Touch **Plus**. The Add Printer screen appears.
3. If you do not see the printer you want to add, touch **Refresh**. If the printer does not appear, consult the Directions For Use.
4. Select the printer to add, and then touch **Save**.
5. To verify the printer is installed correctly, select the printer on the Available Printer screen. Then touch **Print test page**.
6. To return to the Tools menu, touch the **X** in the upper-left corner of the screen.

 If you have difficulty connecting to a network or printer, see the Directions For Use, How To Videos, and more available at www.welchallyn.com/getstarted.

Screen a subject

1. If possible, dim the lights.
2. Turn on  the vision screener. The Home screen appears.
3. Have the subject close his or her eyes for 10 to 15 seconds to encourage dilation.
4. Touch **START** and enter the subject information. Date of Birth or age is required. Enter Date of Birth (or Age) in a valid format as shown:
 - 8 months
 - 10 years
 - 5/24/1963
5. Prepare to screen the subject:
 - Stand approximately 3 feet (1 meter) from the subject
 - Hold the vision screener so that the front is on a level with the subject's eye
 - Keep the vision screener steady

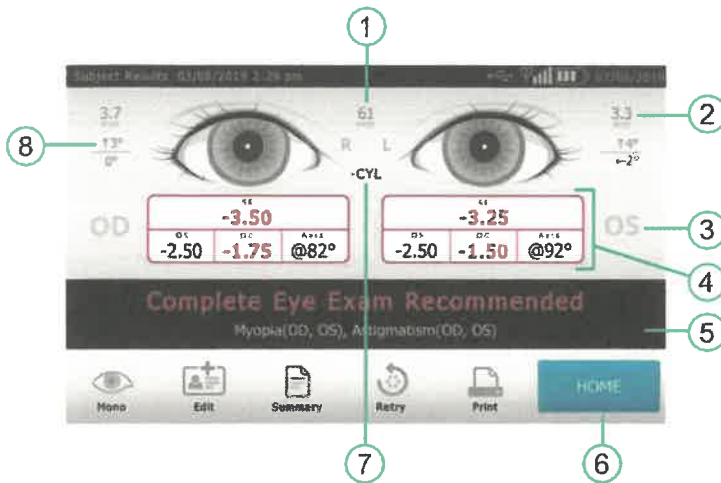


6. Touch **Go**.

The screening begins immediately. The vision screener emits the sound of chirping birds. This sound is intended to focus the subject's attention on the device.

The Subject Results screen appears at the end of the screening process. Completed exams are saved automatically. A PDF with exam results is generated. The Troubleshooting section of the Directions For Use provides additional suggestions to ensure a successful screening.

Understand the results



- | | |
|----------------------------------|------------------------|
| 1. Pupillary distance | 5. Screening result |
| 2. Pupil size indicator | 6. Home |
| 3. Right eye (OD), Left eye (OS) | 7. Cylinder convention |
| 4. Complete refraction | 8. Alignment indicator |
| SE – Spherical equivalent | Degree |
| DS – Sphere | Horizontal |
| DC – Cylinder | Vertical |
| Axis – Axis | |

Results that are out-of-range are indicated in red.



For more information about screening a subject or understanding the results, see the Directions For Use, How To Videos and more available at www.welchallyn.com/getstarted.

Export screening results to a computer

When you export, all screening results on the vision screener are exported along with the template.

If you select Exclude Personal Data, the vision screener only exports CSV files with all the subjects' names and dates of birth (age) removed. **To export individual screening results, do not select Exclude Personal Data.**

1. Insert a USB 2.0 drive in the vision screener.

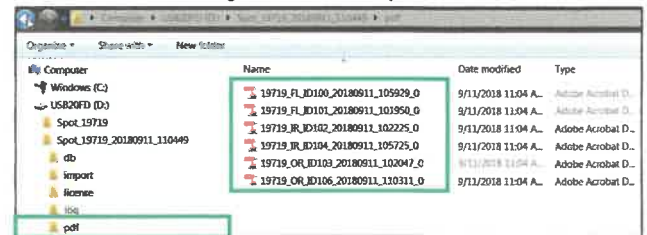


2. Touch Tools > Import/Export > Export.

3. Insert the USB drive into a computer.



4. Locate the screening results in the pdf subfolder.



Note: The pdf subfolder only displays after you export screening results to the computer. Adobe® Reader® software is required to read the PDF files.

Create a subject list

A subject list helps when you conduct mass screenings. If you set up a subject list ahead of time, you can screen several individuals quickly without having to stop and add additional information.

Note: If you have screening results on the vision screener before you create a subject list, the subject information is exported to the USB drive when you export. You can export the subject information separately and then delete the history from the vision screener. To create a subject list, do not select Exclude Personal Data.

To create a subject list

- Export the template from the vision screener to a computer
- Update the template with subject information
- Import the updated template back to the vision screener

The task below describes each step in detail.

1. Insert a USB 2.0 drive in the vision screener.



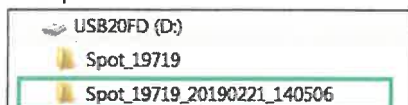
2. Touch Tools > Import/Export > Export.

Note: Do not select Exclude Personal Data.

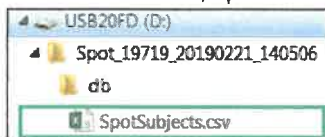
3. Insert the USB drive into a computer.



4. Open the folder with the latest timestamp, as shown in the example below:



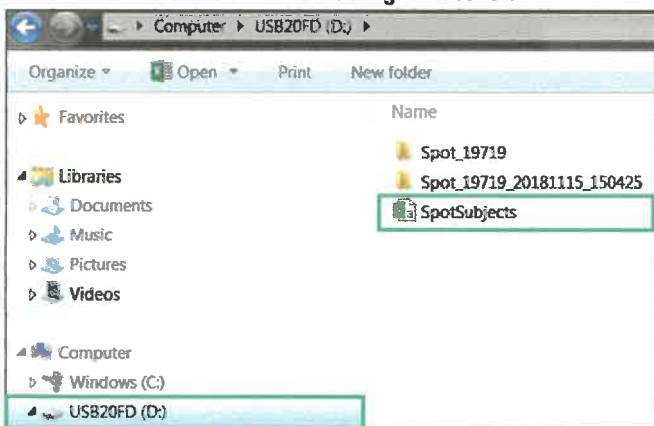
5. In the db subfolder, open the SpotSubjects.csv file.



6. Fill out the subject list. Date of Birth or Age is required. Enter information in one of the formats shown.

	A	B	C	D	E	F
1	Patient ID	First Name	Last Name	Date of Birth	Gender	Eyewear
2	ID123	Jane	Doe	8 months	F	Glasses
3	ID124	John	Jones	10 years	M	Contacts
4	ID125	Sally	Smith	5/24/1963	M	None

7. Use **Save As** to save the file on the USB drive in the location shown. **Note: Do not save in the original folder.**



8. Insert the USB drive into the vision screener.



9. Touch **Tools** > **Import/Export** > **Import**.
10. Touch the **X** in the upper-left corner twice to return to the Home screen.
11. Touch **Queue** and select the subject you want to screen.

Troubleshooting

System restart

If you lose network connectivity, try restarting the device.

1. Press the **Power** button and hold until a confirmation screen appears.
2. Select **Confirm**.
3. After the screen turns black, wait 30 seconds and press the **Power** button again.
4. Verify the power cord is plugged in.



For more information on troubleshooting, see the **Directions For Use**. **Directions For Use**, **How To Videos**, and more are available at www.welchallyn.com/getstarted.

System freeze

If the vision screener locks up and becomes unresponsive to the touch, perform a hard system reset.



CAUTION: This procedure may cause some data loss (for example, any printer configuration or subject information).

1. Press the **Power** button.
2. If the Power Off screen appears, touch **Confirm** to shut down the device.
3. If the Power Off screen does not appear, press and hold the **Power** button.
4. Wait one minute, and then restart the device.



This Quick Reference is an abridged version of the **Directions For Use**. For a comprehensive list of instructions, warnings, and cautions, see the complete **Directions For Use** available at www.welchallyn.com/getstarted.

This product may contain software known as “free” or “open source” software (FOSS). Welch Allyn uses and supports the use of FOSS. We believe that FOSS makes our products more robust and secure, and gives us and our customers greater flexibility. To learn more about FOSS that may be used in this product, please visit our FOSS website at www.welchallyn.com/opensource. Where required, a copy of FOSS source code is available on our FOSS website. For patent information, please visit www.welchallyn.com/patents.

WHITE PINE COUNTY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

Scoliosis Screening

Scoliosis is a sideways curve of the spine. Everyone has normal curves in the spine, and when looked at from behind, the spine appears straight. However, children and teens with scoliosis have an abnormal S-shaped or C-shaped curve of the spine. The curve can happen on either side of the spine and in different places in the spine. In most people, the cause of scoliosis is unknown.

Scoliosis screening must be performed by a licensed Registered Nurse , usually during the 7th grade.

See attached for procedure of scoliosis screening.

Five-step scoliosis screening process for healthcare professionals

First position:

Anterior view, standing position

Instructions to the child:

- Face the screener. Put your feet together with equal weight on both legs.
- Breathe in. Let it out, and relax your shoulders. Let your arms hang naturally at your sides.

Look for (see Fig. 1):

- Shoulder height asymmetry
- Unequal distance between arms and torso
- Hip prominence or asymmetry

Fig. 1

Normal



Abnormal



Second position: Anterior view, Adams forward bend test

Instructions to the child (see Fig. 2):

- Put your palms together with arms out straight.
- Put your chin on your chest and roll down until your hands touch your feet.

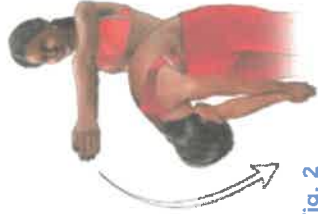
Note: Encourage the child to continue to roll down as far as possible until his back is parallel to the floor. Have the child repeat the Adams forward bend test if he rolls down too quickly or if he rolls down to one side or the other. (The child's hands should be pointing at the big toes.)

Look for (see Fig. 3):

- Upper thoracic asymmetry
- Lower thoracic asymmetry
- Lumbar asymmetry

Fig. 3

Normal



Abnormal

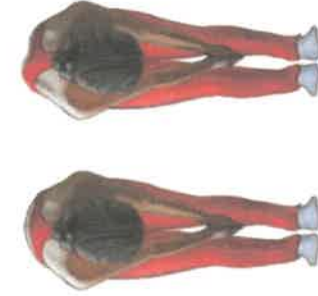


Fig. 2

Third position: Posterior view, standing position

Instructions to the child:

- Turn around (child's back is now to screener). Put your feet together with equal weight on both legs.
- Breathe in. Let it out and relax your shoulders. Let your arms hang naturally at your sides.

Look for (see Fig. 4):

- Shoulder height asymmetry
- Scapula prominence or asymmetry
- Unequal distance between arms and torso
- Waist crease asymmetry or no waist crease on one side
- Spine curved to one side

Fig. 4



Normal



Abnormal

Fig. 5

Fourth position: Posterior view, Adams forward bend test

Instructions to the child:

- Put your palms together with arms out straight.
- Put your chin on your chest and roll down until your hands touch your feet.

Note: Encourage the child to continue to roll down as far as possible until his back is parallel to the floor. Have the child repeat the Adams forward bend test if he rolls down too quickly or if he rolls down to one side or the other. (The child's hands should be pointing at the big toes.)

Look for (see Fig. 5):

- Upper thoracic asymmetry
- Lower thoracic asymmetry
- Lumbar asymmetry



Normal



Abnormal

Fig. 6

Fifth position: Sagittal view, Adams forward bend test

Instructions to the child:

- Turn to the side. Put your feet together with equal weight on both legs.
- Put your palms together with arms out straight.
- Put your chin on your chest and roll down until your hands touch your feet.

Look for (see Fig. 6):

- Sharp angle/abnormal contour in low thoracic area (kyphosis)
- Note: Encourage the child to continue to roll down as far as possible until his back is parallel to the floor. Have the child repeat the Adams forward bend test if he rolls down too quickly or if he rolls down to one side or the other. (The child's hands should be pointing at the big toes.)



Normal

Abnormal



Visit choa.org/scoliosis or call 404-785-7553 for more information.

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WHITE PINE COUNTY SCHOOL DISTRICT

HEALTH DEPARTMENT

Policy on Communicable/Infectious Diseases

NRS 392.430 states that school districts shall have the power to make and enforce necessary regulations for sanitation in the public schools and to prevent the spread of contagious and infectious diseases and to expend school district funds to enforce the regulations among indigent children.

Those children with suspected communicable/infectious disease will be removed at the discretion of the school nurse. The school nurse will follow CDC recommendations on return to school. Possible instances may include but are not limited to , giardia, scabies, impetigo, and hand-foot-mouth disease.

Head Lice- see policy on head lice

Imeptigo- remove from school setting may return to school 24 hours after initiating antibiotic treatment.

Scabies- remove from school may return 24 hours after initiating treatment

Hand-Foot-Mouth Disease- remove from school setting may return to school when no longer experiencing symptoms (fever or weeping blisters) .

Covid 19- see return to school policy for Covid Protocol.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Communicable/Infectious Diseases

NRS 392.430 states that school districts shall have the power to make and enforce necessary regulations for sanitation in the public schools and to prevent the spread of contagious and infectious diseases and to expend school district funds to enforce the regulations among indigent children.

Those children with suspected communicable/infectious diseases will be removed at the discretion of the school nurse. Possible instances may include, but are not limited to, giardiasis, head lice, scabies, and impetigo.

This policy is for the protection of other children in the classroom as well as for the child having the condition.

WHITE PINE COUNTY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

Conjunctivitis(Pink Eye) Policy

Conjunctivitis (Pink Eye) is inflammation (ie. Redness, swelling) of the thin tissue covering the white part of the eye and the inside of the eyelids.

Symptoms include but not limited to red or pink, itchy, painful eyes. More than a tiny amount of green or yellow discharge, infected eyes may be crusted shut in the morning.

Exclude from group setting: **NO unless the child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.**

WHITE PINE COUNTY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

Undiagnosed Skin Condition

Students need to be excluded from school setting until a primary health professional has determined the illness is not a communicable disease. **Unless :**

- a. Student has a rash with fever or behavioral changes
- b. Skin sores are weeping fluid and are exposed body surface that cannot be covered with a waterproof dressing



Technical Bulletin



Date: July 15, 2021
Topic: New Vaccination Requirement and Immunization Exemption Requirement for Nevada Public, Private Schools, and Charter Schools
Contact: Shannon Bennett or Pamela Forest, MD – Nevada State Immunization Program
To: Immunization Providers, School Nurses, County Health Officers, Department of Education, School District Administrators, Boards of Trustees of School Districts, Charter School Officials, and Private School Officials

Amendments to Nevada Administrative Code (NAC) **392.105 and 394.250** were adopted by the State Board of Health on December 10, 2020 and adopted by the Legislative Commission on January 5, 2021.

Pursuant to NAC 392.105 and 394.025 the following regulation amendments now apply within Nevada Administrative Code Chapters 392 and 394 and will be required as of the 2022-2023 school year:

1. A student enrolling in twelfth (12th) grade in a Nevada public, private, or charter school after June 30, 2022 must receive an immunization against *Neisseria meningitidis* (meningitis) in the form of a quadrivalent meningococcal conjugate vaccine (MCV4). The student must receive at least one dose of MCV4 on or after age 16 years.
2. This new requirement **does not apply** to students enrolled in a Nevada public, private, or charter school before July 1st, 2009.

All students enrolling into kindergarten, 7th grade, 12th grade, or those who are new to a Nevada school district for any grade must be fully vaccinated per the regulations set by the Nevada Division of Public and Behavioral Health, as illustrated in the following table on page 2. The newly required MCV4 vaccination has been highlighted. Students must be fully vaccinated **prior to** being enrolled into school.

Conditional enrollment is only permitted when a student would need multiple visits to a healthcare provider to achieve compliant status. If all needed doses can be administered at one appointment, then the student **cannot enroll** in school until they are vaccine compliant. As a reminder, only medical and religious exemptions are permitted per [NRS 392.437-439](#) and [394.193-194](#).

Further amendments to NAC **Chapters 392 and 394** were adopted by the State Board of Health on December 10, 2020 and adopted by the Legislative Commission on January 5, 2021. **As noted below, the new immunization exemption requirements and allowances will go into effect beginning with the 2021-22 school year.**

1. A student requesting an immunization exemption due to medical conditions or religious beliefs must:
 - a. Submit a written statement on a form provided by the Division of Public and Behavioral Health of the Department of Health and Human Services; and
 - b. Those requesting religious exemptions must submit the above-mentioned State Immunization Exemption Form annually to the board of trustees of a school district or

governing body of a charter school, according to the annual enrollment schedule of the school district, private school, or charter school.

2. A local health officer may conduct an audit of the medical exemptions granted by a public school, private school, or charter school, respectively, in certain circumstances.

The forms on which to report medical and religious exemptions to public, private and charter schools may be found here:

https://dphh.nv.gov/Programs/SIP/dta/School_Requirements/School_Requirements/.

The exact language of the new vaccination requirement and immunization exemption requirement may be found at: <https://www.leg.state.nv.us/Register/2020Register/R046-20AP.pdf>

NV WebIZ is the statewide immunization information system used in Nevada; it can assist an authorized user in determining if a student is compliant with Nevada’s immunization requirements. Authorized users can access the system online, https://webiz.nv.gov/webiznet_nv/Login.aspx. School officials interested in NV WebIZ access may contact the Help Desk at (775) 684-5954 or by e-mailing izit@health.nv.gov.

Nevada School-Required Vaccination Schedule									
Required Vaccines	2 mo. of age	4 mo. of age	6 mo. of age	12-15 mo. of age	18-24 mo. of age	4-6 yrs. of age	11-12 yrs. of age	16 yrs. of age	Total Doses Required PRIOR to School Entry
DTP, DT, DTaP	1	2	3	4		5*			4 or 5 *If dose #4 is administered on or after 4 th birthday, #5 is not needed
Polio (IPV)	1	2	3			4*			3 or 4 *If dose #3 is administered on or after 4 th birthday, #4 is not needed.
MMR				1		2			2 (doses must be at least 4 weeks apart)
Hepatitis B	1	2	3						
Varicella				1		2			2
Hepatitis A				1	2				2 (doses must be at least 6 months apart)
Tdap							1		1
MCV4							1	2*	1 or 2 *If dose 1 is administered on or after 16 th birthday, no further doses required.

Questions:

For updated guidance, please review the DPBH Technical Bulletin [website](#) and Nevada’s health response [website](#) regularly. If you have other questions regarding school vaccination requirements, please email nviz@health.nv.gov with questions.



Lisa Sherych, Administrator
Division of Public and Behavioral Health



Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Enclosed:

- School_Medical Immunization Exemption Form.pdf
- School_Religious Immunization Exemption Form.pdf



Preschool-12th Grade – Religious Immunization Exemption Certificate

For Use in Public, Private and Charter Schools

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706
<http://dpbh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • nviz@health.nv.gov

Instructions for completing a Religious Immunization Exemption Certificate

Section 1: Enter school and student information.

Section 2: Have parent/guardian or student (if the student is 18 years of age or older) initial, sign, and date.

Section 3: For school use only: Obtain school signatures and dates.

Section 1: School and Student Information				
Name of School (accepting exemption)	Street Address	City	Zip Code	Phone
Student's Name		Date of Birth	Grade/Level	
Street Address		City	Zip Code	Phone
Section 2: Immunization Exemptions (To be completed by parent/guardian, or student if the student is 18 yrs. old or older)				

I request that the above student be exempt from the vaccine(s) checked below based on my religious beliefs:

- | | | | |
|----------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> IPV |
| <input type="checkbox"/> MenACWY | <input type="checkbox"/> MMR | <input type="checkbox"/> Td/Tdap | <input type="checkbox"/> Varicella |

I understand the risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

_____ Initials	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
_____ Initials	I understand the risk of transmitting the disease(s) to others.
_____ Initials	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.
_____ Initials	I understand that this form must be submitted annually based on an enrollment schedule set by the school district, charter school or private school.

Signature of Parent/Guardian or Student
(if the student is 18 years of age or older)

Date

Section 3: For School Official Use Only: Please provide date and signatures	
_____ School Nurse or Designee Signature	_____ Date
_____ School Board or Designee Signature	_____ Date
It is the responsibility of the administrative head of the school to secure compliance with the regulations. The administrative head of the school shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.	



Preschool-12th Grade – Medical Immunization Exemption Certificate

For Use in Public, Private and Charter Schools

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706
<http://dphh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • nviz@health.nv.gov

Instructions for completing a Medical Immunization Exemption Certificate

Section 1: Enter school and student information.

Section 2: For health care provider use only. Please provide name, address, vaccine contraindication(s), signature and date.:

Section 3: For school use only: Obtain school signatures and dates.

Section 1: School and Student Information				
Name of School (accepting exemption)	Street Address	City	Zip Code	Phone
Student's Name		Date of Birth	Grade/Level	
Street Address		City	Zip Code	Phone
Section 2: For Healthcare Provider Use Only - Provide name, address, vaccine contraindication(s), signature, and date.				
Name of Healthcare Provider	Street Address	City	Zip Code	Phone

1. I certify that due to a contraindication(s), the above named student is exempt from receiving the required vaccine(s)
2. The contraindication(s) marked below is in accordance with the Advisory Committee on Immunization Practices (ACIP) guidelines, American Academy of Pediatrics (AAP) guidelines, or vaccine package insert instructions: (Check where applicable)

DTaP
 Hepatitis A
 Hepatitis B
 IPV
 MenACWY
 MMR
 Td/Tdap
 Varicella

Permanent Contraindications	Temporary Contraindications until (date _____)
<input type="checkbox"/> Serious allergic reaction (e.g., anaphylaxis) after a previous vaccine dose (General for all vaccines) <input type="checkbox"/> Serious allergic reaction (e.g., anaphylaxis) to a vaccine component (General for all vaccines) <input type="checkbox"/> Previous encephalopathy not attributable to another identifiable cause within 7 days of administration of previous dose of DTaP/DTP/Tdap <input type="checkbox"/> Progressive neurological problem after DTaP/DTP <input type="checkbox"/> MMR contraindicated because of immunodeficiency, due to any cause <input type="checkbox"/> Varicella contraindicated with substantial suppression of cellular immunity <input type="checkbox"/> Other _____	<input type="checkbox"/> Recent administration of an antibody-containing blood product (MMR, Varicella) <input type="checkbox"/> Student is pregnant (MMR, Varicella) <input type="checkbox"/> Thrombocytopenia/thrombocytopenic purpura - now or by history (MMR) <input type="checkbox"/> Other _____
	<p style="text-align: center;">Precautions</p> <p>Any of the conditions below after a previous dose of DTP or DTaP:</p> <input type="checkbox"/> Neurologic disorder – unstable or evolving <input type="checkbox"/> Fever of >105° F (40.5° C) unexplained by another cause (within 48 hrs) <input type="checkbox"/> Seizure or convulsion within 72 hours <input type="checkbox"/> Persistent, inconsolable crying lasting > 3 hours (within 48 hours) <input type="checkbox"/> Collapse or shock like state (within 48 hours) <input type="checkbox"/> Guillain-Barré Syndrome (within 6 weeks)
	<p>Other precautions for required vaccines:</p> <input type="checkbox"/> _____

Precaution for DTaP, DT, Td, Tdap

History of arthus-type hypersensitivity, defer Tetanus-toxoid vaccine for at least 10 years

Parent/student has been informed that if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.

MD, DO, or APRN Signature	License Number	Date
---------------------------	----------------	------

Only a Nevada-licensed DO, MD or APRN may sign form unless representing a tribal clinic or designee.

Section 3: For School Official Use Only: Please provide date and signatures	
School Nurse or Designee Signature	Date
School Board or Designee Signature	Date
It is the responsibility of the administrative head of the school to secure compliance with the regulations. The administrative head of the school shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.	



Preescolar - 12.º Grado – Certificado Religioso de Excepción de Vacunas

Para uso en escuelas públicas, privadas y charter

Programa de vacunación estatal de Nevada • 4150 Technology Way Suite 210 • Carson City, NV 89706
<http://dpbh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • nviz@health.nv.gov

Instrucciones para completar un Certificado Religioso de Excepción de Vacunas

Sección 1: Ingrese la información de la escuela y del/de la estudiante.

Sección 2: El padre o madre/tutor o el/la estudiante (si el/la estudiante es mayor de 18 años de edad) debe colocar sus iniciales, firma y fecha.

Sección 3: Solo para uso de la escuela. Obtenga las firmas de la escuela y fecha.

Sección 1: Información de la escuela y del/de la estudiante.				
Nombre de la escuela (que acepta la excepción)	Calle y número	Ciudad	Código Postal	Teléfono
Nombre del/de la estudiante		Fecha de nacimiento	Grado/Nivel	
Calle y número		Ciudad	Código Postal	Teléfono
Sección 2: Excepciones de vacunas (debe completarse por el padre o madre/tutor, o estudiante, si el/la estudiante es mayor de 18 años de edad)				

Solicito que el/la estudiante anterior sea exentado de la vacuna (o vacunas) marcada a continuación, con base en mis creencias religiosas:

- DTaP/Tdap
 Hepatitis A
 Hepatitis B
 IPV
 MenACWY
 MMR
 Td/Tdap
 Varicela

Entiendo los riesgos de rechazar la vacunación con base en mis creencias religiosas. Sé que puedo revisar este asunto en cualquier momento y obtener las vacunas requeridas.

Iniciales	Entiendo el riesgo de contraer la(s) enfermedad(es) que la(s) vacuna(s) previene.
Iniciales	Entiendo el riesgo de transmitir la(s) enfermedad(es) a otras personas.
Iniciales	Entiendo que si ocurre un brote de una enfermedad prevenible con vacuna, el/la estudiante exento/a podría ser excluido de la escuela por el jefe administrativo de la escuela por un periodo de tiempo determinado por la División de Salud Pública y del Comportamiento de Nevada con base en el análisis de cada caso en particular o del riesgo a la salud pública.
Iniciales	Entiendo que este formulario debe entregarse anualmente con base en el calendario de matriculación establecido por el distrito escolar, la escuelas charter, o la escuela privada.

 Firma del padre o madre/tutor, o estudiante
 (si el estudiante es mayor de 18 años de edad)

 Fecha

Sección 3: Solo para uso oficial de la escuela: Por favor, incluya la fecha y firmas

 Firma del/de la Enfermero/a o Designado

 Fecha

 Firma del Consejo escolar o Designado

 Fecha

Es responsabilidad del jefe administrativo de la escuela asegurar el cumplimiento con las reglas. El jefe administrativo de la escuela deberá excluir a estudiantes que no hayan recibido el número mínimo de vacunas requeridas y que no estén exentos en conformidad con las reglas.



Preescolar - 12.º Grado – Certificado Médico de Excepción de Vacunas

Para uso en escuelas públicas, privadas y charter

Programa de vacunación estatal de Nevada • 4150 Technology Way Suite 210 • Carson City, NV 89706
<http://dphh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • nviz@health.nv.gov

Instrucciones para completar un Certificado Médico de Excepción de Vacunas

Sección 1: Ingrese la información de la escuela y del/de la estudiante

Sección 2: Solo para el uso del proveedor de servicios de salud. Incluya el nombre, dirección, contraindicación(es) de vacuna, firma y fecha.

Sección 3: Solo para el uso de la escuela. Obtenga las firmas y fechas de la escuela.

Sección 1: Información de la escuela y del/de la estudiante.				
Nombre de la escuela (que acepta la excepción)	Calle y número	Ciudad	Código Postal	Teléfono
Nombre del/de la estudiante:		Fecha de nacimiento	Grado/Nivel	
Calle y número		Ciudad	Código Postal	Teléfono
Sección 2: Solo para el uso del Proveedor de servicios de salud - Incluya el nombre, dirección, contraindicación(es) de vacuna, firma y fecha.				
Nombre del Proveedor de servicios de salud	Calle y número	Ciudad	Código Postal	Teléfono

1. Certifico que debido a una contraindicación (o contraindicaciones) el/la estudiante mencionado/a está exento/a de recibir la(s) vacuna(s) requerida(s).
2. La contraindicación (o contraindicaciones) marcada a continuación es en conformidad con las directrices del Comité Asesor de Prácticas para Vacunas (ACIP), las directrices de la Academia Estadounidense de Pediatría (AAP), o de las instrucciones incluidas en el paquete de la vacuna. (Marque lo que corresponda)

DTaP/Tdap Hepatitis A Hepatitis B IPV MenACWY MMR Td/Tdap Varicela

Contraindicaciones permanentes	Contraindicaciones temporales hasta (fecha _____)
<input type="checkbox"/> Reacción alérgica severa (p. ej: anafilaxis) después de una dosis previa de la vacuna (general para todas las vacunas) <input type="checkbox"/> Reacción alérgica severa (p. ej: anafilaxis) a un componente de la vacuna (general para todas las vacunas) <input type="checkbox"/> Encefalopatía previa no atribuible a otra causa identificable dentro de un plazo de 7 días después de la administración de la dosis previa de DTaP/DTP/Tdap <input type="checkbox"/> Problemas neurológicos progresivos después de DTaP/DTP <input type="checkbox"/> Vacuna MMR contraindicada debido a inmunodeficiencia, debido a cualquier causa <input type="checkbox"/> Vacuna de varicela contraindicada con supresión sustancial de inmunidad celular <input type="checkbox"/> Otra _____	<input type="checkbox"/> Reciente administración de un producto de sangre que contiene un anticuerpo (MMR, Varicela) <input type="checkbox"/> La menor está embarazada (MMR, Varicela) <input type="checkbox"/> Trombocitopenia/Trombocitopenia - actual o en el historial (MMR) <input type="checkbox"/> Otra _____
	Precauciones
	Cualquiera de las condiciones siguientes después de una dosis previa de DTP o DTaP:
	<input type="checkbox"/> Desorden neurológico- Inestable o en evolución <input type="checkbox"/> Fiebre superior a los 105° F (40.5 ° C) sin explicación por otra causa (en un plazo de 48 horas) Convulsión en un plazo 72 horas <input type="checkbox"/> Llanto persistente e inconsolable por más de 3 horas (en un plazo 48 hrs) <input type="checkbox"/> Colapso o estado de shock (en un plazo 48 hrs) <input type="checkbox"/> Síndrome Guillain-Barré (en un plazo 6 semanas)
	Otras precauciones para las vacunas requeridas:
	<input type="checkbox"/> _____
Precauciones para DTaP, DT, Td, Tdap	
<input type="checkbox"/> Historial de hipersensibilidad tipo arthus, diferir la vacuna toxoide contra el tétanos por lo menos por 10 años	

El Padre o madre/ estudiante han sido informados que si ocurre un brote de una enfermedad prevenible con vacuna, el/la menor exento/a será excluido/a por el jefe administrativo de la escuela por un periodo de tiempo determinado por la División de Salud Pública y del Comportamiento de Nevada con base en el análisis de cada caso en particular o del riesgo a la salud pública.

 Firma del MD, OT o APRN. Número de licencia Fecha
 Solo un MD, OT o APRN puede firmar, a menos que represente a una clínica tribal o designado.

Sección 3: Solo para uso oficial de la escuela: Por favor, incluya la fecha y firmas	
_____	_____
Firma del/de la enfermero/a de la escuela o designado	Fecha
Es responsabilidad del jefe administrativo de la escuela asegurar el cumplimiento con las reglas. El jefe administrativo de la escuela deberá excluir a estudiantes que no hayan recibido el número mínimo de vacunas requeridas y que no estén exentos en conformidad con las reglas.	

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Policy on Medical Emergencies

In the event of a medical emergency including but not limited to

- a. An injury with a fractured limb
- b. An undiagnosed seizure
- c. A head injury resulting in loss of conscious
- d. Unresponsive student
- e. Administration of epinephrine for a severe allergic reaction(*protocol/order attached*)
- f. Administration of Narcan (naloxone) for suspected overdose(*protocol/order attached*)
- g. Severe respiratory distress

CALL 911 IMMEDIATELY

In the event that 911 is called please call parents and school nurse.

An incident report must also be filled out.

FOR MINOR INJURIES/ILLNESS PLEASE FOLLOW THE STANDING ORDERS ATTACHED.

All standing orders/protocols are renewed yearly and signed by Provider. All updated orders and protocols are located in the Chief District Nurse office at White Pine High School .



EPINEPHRINE STANDING ORDER PROTOCOL

I, the undersigned Advanced Nurse Practitioner (APRN), for the purpose of facilitating the use of **epinephrine** in the case of anaphylaxis, a life-threatening allergic reaction, in individuals and in compliance with all applicable state laws and regulations, issues the epinephrine standing order Protocol on the following terms:

Advance Nurse Practitioner License: I represent that I am licensed to prescribe legend drugs in this state as set forth below; am qualified to practice medicine in this state; and am in good standing with the appropriate professional licensing board.

Epinephrine: This Protocol constitutes my standing order for the treatment of anaphylaxis and the use of epinephrine in emergency situations as further described below in a school setting.

Delegation: I, the undersigned APRN, delegate authority to all appropriate medical and school personnel employed by or acting on behalf of the below describe school system.

Issued To: White Pine County School District (WPCSD)
1135 Ave C
Ely, NV 89301

Standing order: All appropriate medical and school personnel (including, but not limited to, any Registered Nurse) employed by or acting on behalf of the WPCSD system may administer epinephrine via an undesignated epinephrine auto-injector to an individual using professional judgment if an individual is experiencing a potentially life-threatening allergic reaction (anaphylaxis).

Emergency Treatment Procedures: The following protocol will be utilized to manage anaphylactic reactions. Anaphylaxis is a life-threatening allergic reaction that is rapid in onset.

- Dosage:** If condition of anaphylaxis are developing or present themselves, administer epinephrine USP as epinephrine auto-injector, EpiPen (epinephrine injection, USP) or EpiPen Jr (epinephrine injection, USP) auto-injector, intramuscularly into the anterolateral aspect of the thigh (through clothing if necessary). Selection of the appropriate dosage strength (EpiPen 0.3mg or EpiPen Jr 0.15mg) is determined according to patient body weight, as discussed in the product labeling.
 - For individuals 33 to 66 pounds, use EpiPen Jr (0.15mL epinephrine injection, USP, 1:2000) auto injector to deliver 0.15mg of epinephrine injection.
 - For individuals approximately 66 pounds or greater, use one EpiPen (0.3mL epinephrine injection, 1:1000) auto-injector to deliver 0.3mg of epinephrine injection.
- Frequency:** Up to 20% of individuals who receive epinephrine will require more than one dose before symptoms are alleviated. More than two sequential doses of epinephrine for the same episode **should be administered ONLY UNDER MEDICAL DIRECT MEDICAL SUPERVISION.**
- Referral:** 911 should be activated and patient sent to local ER for further evaluation.
- Documentation and Notification:** Document the details of the incident; notify the students Parent/guardian, School Nurse, Administrator, and students Primary Care Physician in accordance with school policy.

In every case, emergency services must be contacted as soon as possible by calling 911.

Please review the attached prescription:

Effective Dates: 08/30/2021 - 08/30/2022

APRN Signature: R. Bylee APRN

APRN Name (printed) Loxanne Bylee APRN

Date: 8/21/21

Noted [Signature]
BOARD OF SCHOOL TRUSTEES

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Lisa Sherych
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

DATE: December 2, 2021

TO: Nevada Department of Education (DOE)

FROM: Leon Ravin, MD, Statewide Psychiatric Medical Director, Division of Public and Behavioral Health (DPBH), Nevada Department of Health and Human Services (DHHS)

RE: STANDING ORDER FOR PRESCRIPTION OF NALOXONE FOR OVERDOSE PREVENTION

This standing order issued by the Nevada Division of Public and Behavioral Health, Department of Health Services. This standing order authorizes a medical provider/trained personnel serving on the behalf of a State of Nevada K-12 school to timely administer the opioid antagonist naloxone hydrochloride, to a person experiencing an opioid-related overdose.

Signs and Symptoms of Opioid Overdose:

If you suspect that someone has had an overdose call 9-1-1 immediately. Note that these symptoms may also indicate cardiac arrest/respiratory arrest and CPR may need to be initiated.

- Victim has a history of use of narcotics/opioids
- Snoring or gurgling sounds from the throat
- Fentanyl patches or needle punctures in the skin
- Lips and/or nail beds are blue
- Presence of nearby drug paraphernalia such as needles or tubing
- Pinpoint pupils
- Victim is unresponsive/unconscious, does not respond to stimuli
- Skin is blue/gray, and/or clammy to the touch
- Breathing is slow (fewer than 10 per minute), shallow or not present
- Very limp body

Standing Orders Authorization:

This standing order may be used by a medical provider/trained personnel as a prescription to obtain naloxone from a licensed Pharmacy. This standing order may also be used by a medical provider/trained personnel to administer the opioid antagonist naloxone.

Condition for Utilization of naloxone hydrochloride:

It is required by Assembly Bill (AB) 205 that all who are authorized (medical provider/trained personnel) receive training on the administration of naloxone hydrochloride.

At least two employees of the school need to be authorized to administer naloxone hydrochloride.



Leon Ravin, MD

Statewide Psychiatric Medical Director

Division of Public and Behavioral Health

State of Nevada




Purpose:

The National Institute of Health has declared that the number of opioid overdose deaths in the United States of America to be a public health crisis (SAMSHA, 2018). To combat this public health crisis, it is recommended that school districts have naloxone available at each school site (NASN, 2020). In 2017 there were 2.2 million adolescents between the ages of 12-17 who used illicit drugsⁱ In the 2020 legislative session NRS 454.303 was amended to create a system without barriers to lifesaving measures. Naloxone, an opioid antagonist, reverses the effect of an overdose by blocking the effects from the opioid. The intent of this policy is to provide guidelines on when and how to use naloxone to prevent fatal opioid overdoses on school campuses.

Policy Statements:

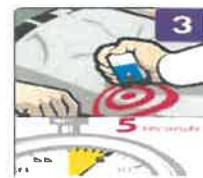
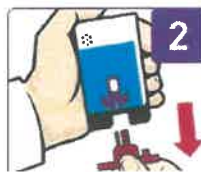
- The Good Samaritan Drug Overdose Act, in Nevada Revised Statutes (NRS): Chapter 453C, defines an opioid antagonist as a drug that binds to opioid receptors and blocks or disinhibits the effects of opioids acting on those receptors. An opioid drug overdose is defined as a “condition including, without limitation, extreme physical illness, a decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that an ordinary layperson would reasonable believe to be an opioid-related drug overdose that requires medical assistance” (NRS 453C.050). Naloxone, an opioid antagonist, reverses the effect of an overdose by blocking the effects from the opioid
- In NRS 453C.100 it declares “a person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act.”. Thus, “Nevada schools, school districts, member of the board of trustees of a school district to governing body of a charter school, or employee of a school district or charter school affiliated with a school are exempt from liability for any error or omission concerning the acquisition, possession, provision or administration of opioid antagonist maintained at a public school pursuant to this section not resulting from gross negligence or reckless, willful or wanton conduct of the school, school district, member or employee, as applicable, if the opioid antagonist is provided or administered during the rendering of emergency care or assistance during an emergency” (AB 205).
- The districts/charter/private schools that choose to provide the life saving measures naloxone offers, shall submit a report to the Division of Public and Behavioral Health of the Department of Health and Human Services identifying the number of opioid antagonists’ doses administered at each school site during the school year (AB 205).

Procedure: Naloxone is an opioid antagonist used to reverse the effects of an opioid overdose in an emergency. It is only to be used in the event of a known or suspected opioid overdose. Only those who have received training on naloxone administration should administer the drug.

Naloxone Administration:		
1.) Signs of Opioid Overdose:	2.) Call 911	
<ul style="list-style-type: none"> • Unresponsive (does not respond when name called) • Pinpoint (small) pupils • Limp body • Skin is pale, blue, or grey • Snoring or gurgling sounds from the throat • Breathing is slow (fewer than 10 per minute), shallow, or not present 	<ul style="list-style-type: none"> • If you think you need to give someone naloxone, call 9-1-1 immediately • Tell 9-1-1 that you are with a person who you think overdosed • Call person's name and if no response, attempt to stimulate the individual by performing a sternal rub (make a fist and rub your knuckles firmly up and down the breastbone) 	
3.) Deliver Naloxone		
Lie individual on their back		
<p>Single-step naloxone nasal spray:</p> <ol style="list-style-type: none"> 1. Peel back tab with circle to open, insert tip into either nostril and administer full dose (1 spray). 		
 <p>Peel</p>	 <p>Place</p>	 <p>Press</p>

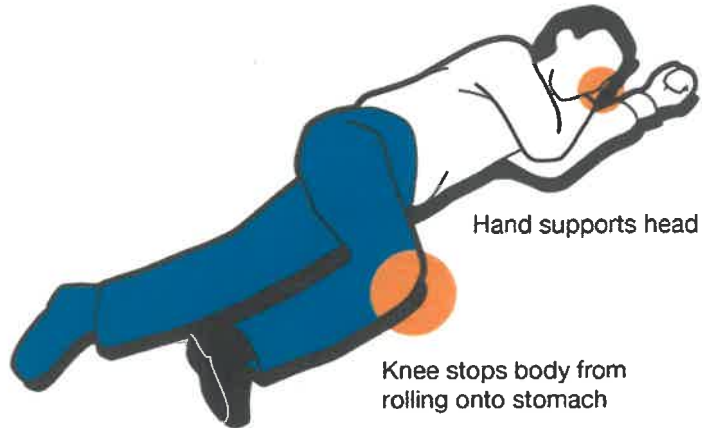
Auto-Injector naloxone:

- 1.) Pull naloxone auto-injector from the outer case. Do not go to Step 2 (Do not remove the Red safety guard) until you are ready to use.
- 2.) Pull off the Red safety guard. Pull firmly to remove.
- 3.) Place the Black end of auto-injector against the outer thigh, through clothing, if needed. Press firmly and hold in place for 5 seconds.



The Recovery Position

Keep the Airway Clear



Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.

- Place individual in the recovery position and stay with them
- You or someone near you **should** be on the phone with a 911 dispatcher (on speaker phone). Follow their directions
- If you are trained, assess for breathing. If there is no breathing begin rescue breathing
 - If there is not a pulse begin CPR

* Repeat procedure if after 2-3 minutes the individual does not respond if another dose is available*

*If administering naloxone auto-injector to an infant less than 1 year old, pinch the middle of the outer thigh before you give, and continue to pinch while you administer.

* Naloxone auto-injector makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means it is working correctly. Keep auto-injector pressed firmly on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into the Naloxone Auto-Injector and is not visible after use. When taking off the Red safety guard pull firmly to remove. Do not replace the Red safety guard after it is removed.

Other Administration Notes:

- You are required to contact emergency assistance each time a person is thought to be experiencing an opioid-related drug overdose on the school premise or during a school activity.
- Naloxone only lasts in the body for 30-90 minutes
- Notify school administrator and parent/guardian of student as soon as possible
- Withdrawal is generally an unpleasant experience, offer comfort

Acquiring Naloxone:

- The School District/Governing Body will ensure the availability of stock naloxone for emergency use and be distributed by school sites.
- Per 453C of NRS, a licensed healthcare professional will provide an order for opioid antagonists to be at the school regardless of whether any person at the school has been diagnosed with a condition which may cause the person to require such medication for the treatment of an opioid-related drug overdose.
 - An order must contain:
 - The name, signature, and address of the health care professional
 - The classification of the license of the health care professional
 - The name of the school to which the order is issued
 - The name, strength and quantity of the opioid antagonist authorized to be obtained and maintained by the order
 - The date of issue
- If naloxone is used or expires, the school may obtain an additional dose of the opioid antagonist to replace the used or expired opioid antagonist.

Storage and Handling:

- Naloxone is required to be stored in a designated, secure location that is unlocked and easily accessible.
- Naloxone should not be removed from a school site
- The storage of naloxone should be stored until used or until the expiration date.
 - Follow manufacturer directions for safe storage

Training:

- The school nurse, after training, may administer naloxone
 - At a charter school/private school, the employee who is designated to be authorized to administer naloxone, must receive training in the proper storage and administration.
 - Charter schools must designate at least two employees of the school who are authorized to administer naloxone.
- The school nurse may designate other employees at the school site to administer naloxone
 - The other employees must receive training on the proper storage and administration of naloxone

Required Documentation:

- Document in the electronic medical record (EMR) as appropriate
- Follow school policy for documentation on school events

References:

Assembly Bill No. 205 <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7603/Text>

Centers for Disease and Control and Prevention (2021). *Lifesaving Naloxone*.
<https://www.cdc.gov/stopoverdose/naloxone/index.html>

Department of Health, New York City (2015). *How to Use Nasal Naloxone for Opioid Overdose*.
file:///C:/Users/btayl/Documents/Work/NV%20State/Naloxone/NY%20state%20narcan.pdf

Emergent BioSolutions Inc. NARCAN®(Naloxone HCl) Nasal Spray 4 mg Prescribing Information
https://www.narcan.com/patients/how-to-use-narcan/#isi_anchor

Naloxone HCl Auto Injector Instructions for use (2020). <https://www.evzio.com/>

National Association of School Nurses. *Position Statement: Naloxone in the School Setting*. June, 2020.
<https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-naloxone>

Nevada Revised Statues (NRS) 453C.040 “Opioid antagonist” defined. <https://www.leg.state.nv.us/nrs/NRS-453C.html>

NRS 453C.050 “Opioid-related drug overdose” defined. <https://www.leg.state.nv.us/nrs/NRS-453C.html>

NRS 453C.100 Authorization to prescribe, dispense and administer opioid antagonist; immunity from liability and professional discipline. <https://www.leg.state.nv.us/nrs/NRS-453C.html>

SAMHSA (2018). *Opioid Overdose Prevention TOOLKIT*, Five Essential Steps for First Responders.
<https://store.samhsa.gov/sites/default/files/d7/priv/five-essential-steps-for-first-responders.pdf>

STANDING ORDERS 2022-2023

White Pine County School District

ABDOMINAL INJURY:

1. Evaluate student status.
2. Keep patient warm and lying flat.
3. Notify parent and/or ambulance if necessary.

ABDOMINAL PAIN:

1. Keep flat or in position of comfort.
2. Check for history of nausea or vomiting, food ingestion, bowel movement, menstrual cramps, or appendicitis.
3. Check temperature
4. Call parent.

ABRASIONS:

1. Cleanse with soap and water.
2. Apply bandage if necessary.

ANAPHYLAXIS

1. Check ABC's (Airway, breathing, circulation) place pulse ox
2. Check for signs and symptoms of anaphylaxis (coughing, wheezing, dyspnea, low blood pressure, syncope, hives or rash, swelling of face or extremities, tingling of lips and mouth, flushing of face or body, nausea, vomiting, abdominal cramps diarrhea, tachycardia)
3. For proven hypersensitivity reaction, administer epinephrine as directed by individual's primary care provider. May administer epinephrine 0.15 mg aor 0.3 mg intramuscularly as directed by orders.
4. If not known to be hypersensitive, wait and observe for symptoms. If symptoms develop, call ambulance (911).
5. Call 911
6. Notify parents.

STANDING ORDERS 2022-2023 CONTINUED.

ASTHMA ATTACK

1. Any person having a severe asthma attack should not be permitted to walk alone for help.
2. Loosen tight clothing and place in a position of comfort.
3. Try to keep student calm and allow rest.
4. Administer asthma medication if it has been ordered by the individual's primary care provider and if available.
5. Notify parent and /or ambulance if necessary.

Standing Orders on Asthmatic Hand-Held Inhalers:

All students whose physical condition requires the need for the use of hand-held inhalers must have primary care provider and parental approval for use. If deemed appropriate by primary care provider and parent student may keep inhalers on person for immediate use.

THIS APPROVAL MUST BE OBTAINED YEARLY

School nurse will follow written orders and instructions from students own primary care provider.

BEE/INSECT STING

1. Ask the person about previous reactions to insect stings. Check for record of allergy to insect stings or previous anaphylaxis. If allergic to any insect stings-**GET IMMEDIATE HELP (911)**
2. Clean site and if apparent, remove stinger.
3. Apply sting relief medication (if available).
4. Apply ice.
5. Observe for any abnormal symptoms.
6. If known to be allergic from previous sting, follow emergency procedures as ordered by PCP and call 911.
7. Notify parent.

STANDING ORDERS 2022-2023 CONTINUED.

BITES

1. HUMAN

- a. Cleanse with soap and water.
- b. Bandage if necessary
- c. Apply ice.
- d. Review immunization records of both students.
- e. Notify parent and advise regarding medical follow-up for possible blood borne pathogens exposure. (fill out form)

2. ANIMAL

- a. Cleanse area with soap and water.
- b. Bandage if necessary.
- c. Apply ice.
- d. Notify parent and advise regarding medical follow-up.
- e. If stray animal is involved, call local police department.
- f. Note date of last tetanus vaccination.

3. INSECT (mosquitos, etc.)

- a. See "Bee/insect Sting" instructions
- b. Cleanse with soap and water.
- c. May apply ice.
- d. Notify parent if necessary.

BLISTERS

1. Do Not Puncture
2. Wash with cold water, pat dry.
3. Bandage if necessary.

BRUISES/CONTUSIONS

1. Apply ice for approximately 10-20 minutes. May apply 20 minutes on 20 minutes off
2. Notify parent if necessary.
3. If pain and swelling worsens (possible bone or joint injury), contact parent and advise of medical attention.

STANDING ORDERS FOR 2022-2023 CONTINUED

BURNS

Minor (including sunburn)

1. Immediately cool the part with water.
2. Apply cold pack for 20 minutes
3. For small blistered area, cover with sterile, dry dressing.

Severe

1. Follow ABC's of CPR and contact emergency care.
2. Cover with loose sterile dressing.
3. Keep patient warm and lying down.
4. Observe for symptoms of shock (refer to Shock or Collapse)
5. Contact parent/guardian.

Chemical Burn (skin)

1. Flush the area thoroughly with water immediately and continue for at least 20 minutes.
2. Remove any clothing that might have become contaminated.
3. Contact Poison Control for further instructions at 1-800-222-1222.
4. Call 911 if area is extensive
5. Apply sterile dressing if skin is blistered.
6. Contact parent/guardian.

Respiratory Burns

1. Assume presence of respiratory burns if exposure to smoke in an enclosed space or with burns of the face.
2. Have patient sit up.
3. Watch for respiratory distress.
4. Call 911
5. Contact parent/guardian.

STANDING ORDER 2022-2023 CONTINUED.

CARDIAC ARREST AND/OR CESSATION OF BREATHING.

1. Administer emergency care (CPR/BLS).
2. Have someone call 911
3. Notify parent/guardian.

CHEST PAIN

1. Quickly assess symptoms
 - a. Onset (sudden or slowly progressive)
 - b. Severity (intense or mild)
 - c. Nature of pain (sharp, pressing, squeezing)
 - d. Other symptoms (radiation to jaw, shoulder, left upper extremity, sweating, nausea vomiting.)
2. If symptoms suggestive of coronary artery disease (ie. Angina or heart attack), call 911
3. Notify parent/guardian.

CHOKING

1. If patient is coughing forcefully, do not interfere.
2. Ask "can you speak?"
3. If there is difficulty breathing or patient is unable to speak, perform Heimlich maneuver until foreign object is expelled or victim becomes unconscious.
4. If person become unconscious, position on back, open airway, and attempt ventilation, Give 6-10 abdominal thrusts, re-attempt ventilation. Repeat sequence until successful.
5. Call 911
6. Notify parent/guardian.

COMMUNICABLE DISEASE

1. Follow guidelines in School Health services Book and directives from the State and County Health Departments.
2. Exclude from school according to regulations per disease.
3. Notify parent/guardian and advise accordingly.

4. Check child upon returning to school. (Nurse may require doctor's note to reenter)

STANDING ORDER 2021-2022 CONTINUED.

COVID-19 SYMPTOMS (INCLUDING COUGH)

1. Place student in isolation room.
2. Follow flow sheet(attached).
3. Check temperature
4. If student has any symptom on flow sheet call parent/guardian to pick up student.
5. Notify Chief District Nurse of child , symptoms, temperature
6. Student may return after 5 days of symptoms and no fever for 24 hours without medication, or a negative Covid test and no symptoms.

DERMATITIS (itching skin, rash)

1. Assess onset, location, appearance, any medical condition, allergy, medication.
2. Check temperature
3. May apply cool cloth or ice for itching.
4. If undiagnosed, extensive or involving eyes, contact parent/guardian and advise of medical attention.
5. Nurse may require doctor's note for readmission if indicated.

DIABETIC CONDITIONS

PLEASE FOLLOW INDIVIDUAL STUDENT PLAN OF CARE.

DISLOCATION

1. Do not attempt to put back in place.
2. Secure parts in comfortable position with sling or splint.
3. Watch for symptoms of shock: treat if necessary (refer to Shock)
4. Apply cold pack 15 minutes per hour.
5. Notify parent/guardian and/or call 911.

STANDING ORDERS 2021-2022 CONTINUED.

DRUG AND ALCOHOL INTOXICATION

1. Note sign and symptoms and give care as indicated.
2. Check pulse and blood pressure.
3. Check skin appearance, color and temperature.
4. Check eyes (pupils and color of sclera).
5. Save any containers for later evaluation.
6. Try to keep patient calm by keeping non-assisting persons from the area, and by talking quietly and calmly to patient.
7. Notify Principal or designee
8. Call 911 if necessary.
9. Notify parent/guardian.

DRY SKIN

1. May apply unscented lotion.

EARS

1. Earaches
 - a. Check temperature
 - b. Check mouth, teeth, and throat
 - c. Notify parent/guardian
2. Foreign Body in ear
 - a. Do not remove
 - b. Notify parent/guardian.
3. Bleeding from ear
 - a. If bleeding from ear follows a severe blow to the head(possible skull fracture), follow protocol for "Head Injury"
 - b. If bleeding from cut or possible ruptured ear drum
 - a. Cover outside of ear with sterile dressing.
 - b. Have patient lie down on side with affected ear down.
 - c. Contact parent/guardian.

STANDING ORDERS 2022-2023 CONTINUED.

ELECTRICAL SHOCK

1. Do not touch the victim until the source of current is located and turned off.
2. Establish airway; check breathing and pulse
3. If indicated , start CPR immediately
4. Have someone call 911
5. When possible, check for both entry and exit burns and treat both as third-degree burn.
6. Notify parent/guardian.

EYES

1. Foreign Body
 - a. Irrigate eye with eye solution or water for such things as an eyelash, insects, etc.
 - b. If small object remains, gently fold back eyelid. If feasible, remove object with a moistened swab
 - c. Remove contact lens, if present
 - d. Irrigate again with eye solution or water
 - e. Ice or cold compress may be applied on or near the eye
 - f. If object is embedded, cover both eyes with eye pads or gauze, secure for further treatment.
 - g. Notify parent/guardian.
2. Chemical Burn
 - a. Irrigate with cool water
 - b. Notify parent/guardian and advise further medical attention
 - c. Patch eye without applying pressure.
3. Conjunctivitis
 - a. Note discharge, lid swelling itching, redness
 - b. If no discharge, pain etc may apply cool wet compress of minor complaints such as itchiness.
 - c. Remove contact lens, if present
 - d. Irrigate the eye using eyewash
 - e. Contact parent/guardian and advise prompt medical care
 - f. Assess student return to school if excluded.

STANDING ORDERS 2022-2023 CONTINUED.

EYES(CONT)

4. Eye Injuries
 - a. Blows to eye
 - a. If able to open eye, remove contact lens if present
 - b. Apply cold pack, avoiding any pressure on the eye.
 - c. In case of discoloration, pain, vision problem, inability to open eye, loss of sensation, or unequal pupils, patch both eyes and notify parent/guardian to seek medical care.
 - d. Depending on severity of injury it may be necessary to call 911.
 - b. Penetrating object
 - a. Do not remove
 - b. Pack gauze gently around object and secure or cup object without apply pressure.
 - c. Patch other eye to prevent movement
 - d. Notify parent/guardian and 911
 - c. Deep laceration of Eyelid or Eyeball
 - a. Clean wound with eye solution or water.
 - b. Place sterile gauze over wound without pressure.
 - c. Notify parent/guardian call 911 if necessary.

Contusion or Black Eye

- a. May apply ice or cool compress on or near the eye
- b. Do not permit patient to blow nose
- c. Check for blurred vision or dizziness
- d. Notify parent/guardian

STANDING ORDERS 2022-2023 CONTINUED.

FAINTING

1. If patient feels faint, allow patient to sit and place head between knees.
2. Lay patient flat with feet elevated if indicated, loosen clothing at neck.
3. If patient fainted, do not move. Monitor patient until they revive by themselves.
4. Maintain open airway
5. Call 911 if unconscious for more than a short time
6. Question patient about disease such as diabetes, heart disease, etc.
7. Check vital signs.
8. Call parent /guardian.

FEVER

1. If temperature >100.0 degrees F
2. Call parent/guardian to pick up patient.
3. Follow protocol for Covid 19

FRACTURES

1. If injury is sever, check breathing and pulse and administer CPR if necessary. Call 911
2. Check for deformity, swelling, discoloration, pulse and tenderness.
3. If feasible, immobilize. Try not to move or straighten injured part.
4. Check blood pressure, pulse, respirations and pupils.
5. Apply ice
6. Notify parent/guardian
7. If a compound fracture is involved, do all of the above and cover the wound with sterile dressing. Apply pressure to control bleeding. Do not attempt to push in the bone. Do not attempt to clean wound.
8. Keep the patient covered and treat for shock.

STANDING ORDERS 2022-2023 CONTINUED.

FROSTBITE (FINGERS, TOES)

Signs: Skin red and painful(early), skin will turn gray or mottled blue-white or yellow-white, firm, waxy and numb. Advanced frostbite is painless.

1. Never rub or massage area.
2. Place frostbitten parts in tepid water after removing any rings or constricting clothing.
3. Apply sterile dressing; separate fingers and toes with gauze
4. Contact parent/guardian and advise prompt medical care.
5. Have patient move affected part.
6. Keep patient warm

GROIN INJURIES

1. Male
 - a. Remain calm; reassure patient that pain will subside
 - b. Expect difficulty in urination initially
 - c. Nausea may occur; it is an expected normal reaction
 - d. Blood in urine should be checked and referred
 - e. Notify parent/guardian
 - f. May apply ice.
2. Female
 - a. Pain should subside within a few hours
 - b. Note any blood and recommend medical follow up
 - c. May apply ice
 - d. Notify parent/guardian.

HEAD LICE/PEDICULOSIS

According to the American Academy Of Pediatrics and the National Association of School Nurses, " no child should be excluded from school because of head lice."

1. Examine students in the same classroom
2. Check siblings. If siblings attend a different school, notify the other school.
3. Recommend child be examined and treated by their primary care provider.

4. Contact parent/guardian and advise of treatment options, Rid-X etc.

STANDING ORDERS 2021-2022 CONTINUED.

HEART ATTACK

1. Assess patient
2. Have someone call 911
3. Have patient lay in comfortable position, usually semi-sitting with support
4. Loosen tight clothing.
5. DO NOT allow patient to walk
6. Give nothing by mouth
7. Monitor the patient's pulse every 5 minutes
8. Start CPR if cardiac arrest occurs.
9. If student notify parent/guardian. If Adult notify relative

HEAT EXHAUSTION

Symptoms include normal body temperature, normal pupils, cool, pale, clammy skin with profuse sweating; a weak, thread pulse; headache, tiredness, weakness, nausea, dizziness, and muscle cramps.

1. Call 911
2. Move patient to cool place
3. Allow patient to lie flat with head down and feet elevated.
4. Loosen clothing
5. If awake, may give small amounts of slightly salty fluids or fruit juice every few minutes, if available.
6. Notify parent/guardian.

HEAT STROKE

Symptoms include hot dry skin, no sweat, extreme thirst, anorexia, nausea, muscle cramps dilated but equal pupils, full strong bounding pulse and elevated temperature (102 or higher)

1. Allow for person to lie down in a cool room with head elevated.
2. Cool patient:
 - a. May apply ice or cold compress to head, axilla, neck, and/or groin area.
 - b. Apply cold-water soaked sheets to body and fan vigorously.

3. Check vital signs.
4. Call 911 and notify parent/guardian.

STANDING ORDERS 2022-2023 CONTINUED.

HYPERVENTILATION

Signs and symptoms: Increased respirations and heart rate, anxiety (possible panic), dizziness, tingling, numbness of hands, feet and around mouth, and possible fainting. No cyanosis will be evident. Will usually subside within 5 minutes. If associated with chest pain call 911.

1. Assess for possible medical causes and treat accordingly.
2. Stay with person and reassure
3. Try to help patient slow respirations- may re-breathe into paper bag (if necessary)
4. Allow rest until pulse and respirations return to normal and weakness and dizziness have subsided.
5. Notify parent/guardian.

INJURIES

1. Head Injury
 - a. Do not move patient.
 - b. Check pupils and level of consciousness (ask name, address, teacher, grade, month, etc.)
 - c. Check abnormal symptoms and provide care accordingly
 - d. If severe call 911 and parent/guardian
 - e. If not severe, apply ice or cool wet compress, notify parent of head injury precautions.
2. Back and Neck Injuries
 - a. Assess patient's mobility by checking for movement of toes and fingers.
 - b. If no movement is evident, DO NOT MOVE PATIENT
 - c. Call 911 and notify parent/guardian.
3. Sprains
 - a. Apply ice
 - b. Elevate extremity if feasible.
 - c. Notify parent and advice of medical treatment if indicated

STANDING ORDERS 2022-2023 CONTINUED.

(NOTE: FOR THE 2021-2022 SCHOOL YEAR PLEASE ALWAYS FIRST REFER TO THE COVID-19 DECISION TOOL IF NONE OF THE SYMPTOMS STUDENT PRESENTS WITH INDICATE COVID PLEASE PROCEED WITH FOLLOWING)

MEDICATIONS

1. Under no circumstance will a student be permitted to take an unknown drug in an unknown quantity.
2. School nurse and/or designee may administer medication under following conditions:
 - a. Time constraints require administration of medication during school hours.
 - b. Medication form with instructions detailing diagnosis, name of drug, dosage, time and route of administration (oral/inhalation only) must be signed by primary care provider and parent/guardian.
3. Medications must be in the original container with a pharmacy label.

MOUTH INJURIES OR SORES

Minor cuts

1. Rinse with warm water
2. Observe for bleeding and control with direct pressure
3. Notify parent/guardian advise on keeping area clean and observing for signs and symptoms of infection.

Severe cuts

1. Check for neck injury after any severe blow to the face
2. Do not remove impaled objects
3. If conscious, lean patient forward to drain blood and secretions. If unconscious, place on side for drainage
4. Clear airway. Remove broken teeth, dentures, and any other foreign matter in the mouth
5. Control bleeding with direct pressure on the injury. (*For the roof of the mouth, have the patient press gauze pad against roof of mouth with thumb).
6. Depending upon severity, summon emergency care.

7. Contact parent/guardian

STANDING ORDERS 2022-2023 CONTINUED.

NAUSEA/VOMITING

1. Take temperature (if temp follow Covid -19 protocol)
2. No temp send home may return when 24 hours free of nausea/vomiting

NOSEBLEEDS

1. Have person sit leaning slightly forward to spit out any blood in mouth
2. Apply pressure over the bleeding nostril, pinch method with fingers.
3. Apply cold pack as necessary
4. If bleeding is not controlled within a reasonable amount of time or if nosebleed from injury, notify parent/guardian and advise medical care.
5. Instruct the patient to avoid blowing nose for several hours.

POISONING AND DRUG OVERDOSE

Poisoning

Signs and symptoms of poisoning by ingestion- nausea, vomiting, diarrhea, severe abdominal pain, slowed respirations and pulse, excessive salivation or sweating, odor on breath, stains on mouth, unconsciousness, convulsions.

1. Maintain airway-have patient lie on side to keep airway clear of vomit.
2. Call Poison Control 1-800-222-1222 to get instructions
3. Call 911 contact parent/guardian.
4. Be prepared to manage shock, coma, seizures, and cardiac arrest.
5. The poison container, poisonous plant or spoiled food and any vomited material should be sent with patient to emergency room.

Drug or Alcohol Overdose

Possible signs and symptoms of life-threatening situations-unconsciousness, breathing difficulty, fever, abnormal vital signs, vomiting while not fully conscious, convulsions (impending indicated by twitching, muscle rigidity or muscle spasm).

1. Establish and maintain clear airway

2. Summon emergency care and contact parent/guardian
3. Turn patient's head to side and downward
4. Monitor vitals

STANDING ORDERS 2022-2023 CONTINUED.

Drug or Alcohol Overdose Cont.

5. Take measures to correct or prevent shock.
6. Attempt to find out specific information about the substance such as what was taken, time, route, and dosage.
7. If indicated administer Narcan spray
8. If possible, send container with ambulance.

PREGNANCY

1. Labor pains.
 - a. Have patient consult their obstetrician if indicated and follow his/her instructions.
 - b. Contact family member.
 - c. Call ambulance if necessary.
2. Emergency Delivery
 - a. Aspirate baby's mouth and nose with bulb syringe
 - b. Double tie gauze, shoelace, or other item around the cord, allowing enough length to re-clamp at hospital.
 - c. Wrap baby in blanket and place on mother's abdomen
 - d. Call ambulance

RASH

1. May apply cold compress
2. Contact parent
3. Recommend exclusion if rash is widespread and/or if there is a question of communicability.

SORE THROAT

1. Refer to Covid-19 screening tool.
2. Contact parent for pick up recommend follow up with primary care provider.

STANDING ORDERS 2021-2022 CONTINUED.

SEIZURE

If a student is known to have seizure disorder please follow the care plan and Primary Care Providers orders. IF STUDENT DOES NOT HAVE A DIAGNOSED SEIZURE DISORDER AND SUFFERS A SEIZURE PLEASE CALL 911 IMMEDIATELY AT ONSET OF SEIZURE

1. Lower patient to floor
2. Loosen any restrictive clothing
3. Do not restrain. Do not insert anything into the patient's mouth.
4. Note the time of start of seizure and how long it lasts.
5. Position patient on side to allow any saliva or vomit to drain from the mouth.
6. Try to keep patient calm by keeping non-assisting people from the area and talking quietly and calmly.
7. After seizure, allow the patient to rest.
8. If seizure is longer than 5 minutes (for a student with a diagnosed seizure disorder) contact parent/guardian and 911.

SEVERE FALL

1. DO NOT move the patient until the condition is evaluated.
2. Assess airway, breathing, and circulation.
3. Assess mobility by asking patient to move fingers and/or toes- DO NOT ASK PATIENT TO MOVE BODY OR STAND
4. Contact 911
5. Contact parent/guardian

SHOCK

Summon emergency care if they have rapid pulse, shallow respirations, cyanosis and decreased level of consciousness.

Symptoms: Cold, pale clammy skin. Rapid thready pulse, Restless, Apprehensive.

1. Place person lying down with head lower than the feet (elevate feet 8-12 inches) unless injury contradicts this position; if so keep lying flat and quiet.

2. Attempt to alleviate the condition causing shock- control bleeding, pain etc.
3. Maintain an open airway; be prepared to initiate CPR

STANDING ORDERS 2022-2023 CONTINUED.

SHOCK (CONTINUED)

4. Monitor vital signs, including pulse ox
5. Keep warm but avoid overheating
6. Give nothing by mouth
7. Contact 911
8. Contact parent/guardian.

SPLINTERS

1. Wash area with soap and water.
2. If small, visible and close to skin's surface, using forceps, grip end of splinter and pull out.
3. After removal, cleanse area with soap and water.
4. If not accessible with forceps, contact parent/guardian and advise medical care.

SUNBURN

1. May apply cold compress to affected area.

TICKS

1. Grasp tick with tweezers close to skin.
2. Pull gently to remove tick
3. Cleanse with alcohol or soap and water
4. Contact parent/guardian
5. Save tick for parent inspection.

TOOTHACHE AND DENTAL INJURIES

1. Toothache
 - a. Have patient rinse with warm water
 - b. May apply ice to cheek or facial area closest to tooth
 - c. Notify parent and refer to dentist.

STANDING ORDERS 2022-2023 CONTINUED

TOOTHACHE/DENTAL INJURIES CONT.

2. Chipped or Broken tooth
 - a. Gently clean dirt or debris from the injured area with warm water.
 - b. Place cold pack on the face in area of injured tooth to minimize swelling
 - c. Wrap the broken portion of tooth in wet gauze or place it in glass of milk and send with the student to the dentist.
3. Knocked-out tooth/dislodged
 - a. Have patient bite on gauze until they can get to dentist.
 - b. If you have tooth place in cup of water or milk, or wrap tooth in wet gauze.
 - c. Notify parent and advise immediate follow-up with dentist. There is a better chance of saving a tooth if sees dentist within 30 minutes.

WOUNDS

1. Avulsions (Tearing way of structure)
 - a. If skin flap present, cleanse with soap and water or wound cleanser, pat dry with gauze fold back into normal position and control bleeding by direct pressure.
 - b. Watch for symptoms of shock and treat if necessary.
 - c. Apply bandage
 - d. If feasible, apply sterile gauze soaked in saline solution, or apply ice.
 - e. If finger or toe missing wrap extracted part in wet gauze and place in plastic bag if available. Place on ice or cold packs. Do not immerse in water or solution. Do not pack in ice. Do not allow to become frozen. Reattachment of frozen parts is not successful.
 - f. If the injured part is still partially attached to stump, leave it.
 - g. Send the extracted part with patient to doctor or hospital
 - h. Contact parent/guardian.
 - i. Call 911 if indicated.

STANDING ORDERS 2022-2023 CONTINUED

WOUNDS (CONTINUED)

2. Lacerations or Incisions
 - a. Control severe bleeding by applying clean material and pressure over the wound. If nothing else is available use a gloved hand.
 - b. Cleanse with soap and water or wound cleanser
 - c. Contact parent/guardian
 - d. Contact 911 if it is severe.

APRN Name: _____ NPI: _____

APRN Signature: _____ Date: _____

The signature on this page covers all pages and orders. These orders are effected from date signed until June 30, 2023.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

Medication in the School Setting

Parents should make every effort to avoid the necessity of medicating students during school hours. Any student who is expected to take medication during school hours must have on file in the school a signed Consent and request form. The school district has a responsibility to see that a child receives his medication if appropriately requested and ordered by parent and physician.

Short Term Medication (10 school days)

Any student who is on medication for 10 school days or less must have either a Consent and Request Form completed and signed by the parent and physician, or the request may be written on physician's prescription pad and must be accompanied by a written request from the parent or guardian.

Long Term Medication (Continuing over 10 days)

A student who is on medication for a period of time longer than 10 days must have the Consent and Request Form signed by the parent/guardian and physician. A physician's signature is also required for medications administered at school for emergencies. Inhalers used by asthmatics can be carried by the student, but a Consent and Request signed by the parent and physician must also be on file.

*The parent or guardian is responsible for delivering the medication to the school and presenting it to the school nurse or responsible school official. It is not to be sent with the student.

*The school nurse should always be informed of students on medication.

*All medication must be in a container labeled with the student's name, name of physician, name of medication, dosage and time to be given. The amount of medication kept at school will be determined in cooperation with the school nurse, principal and parent, as necessary.

*Any change in type, frequency, or amounts of medication will require a new Consent and Request form.

*Medication stored on the school premises is to be kept in a secured location. At no time should medication be left on a desk or counter top.

*Students must be observed by a designated adult such as school nurse, nurse aide, secretary or teacher when taking medication.

*If a child does not present to the clinic for his medication at the requested time he/she is to be called with discretion from his class to report to the office.

*All medication must be recorded on the Individual Medication Record.

Students in Grades 9-12

With the permission of a parent/guardian, students in Grades 9-12 may self-medicate. Such students may possess medication on district property. Prescription medication must be properly labeled with the name of the student to receive the medication, name and dosage of medication, name of prescribing practitioner and the instructions for administration.

NRS 392.425 Authorization for pupil to self-administer medication for asthma, anaphylaxis or diabetes; contents of request; establishment of protocols relating to self-administration of medication; immunity from liability.

1. The parent or legal guardian of a pupil who has asthma, anaphylaxis or diabetes may submit a written request to the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled to allow the pupil to self-administer medication for the treatment of the pupil's asthma, anaphylaxis or diabetes while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus.

2. A public school shall establish protocols for containing blood-borne pathogens and the handling and disposal of needles, medical devices and other medical waste and provide a copy of these protocols and procedures to the parent or guardian of a pupil who requests permission for the pupil to self-administer medication pursuant to subsection 1.

3. A written request made pursuant to subsection 1 must include:

(a) A signed statement of a physician, physician assistant or advanced practice registered nurse indicating that the pupil has asthma, anaphylaxis or diabetes and is capable of self-administration of the medication while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus;

(b) A written treatment plan prepared by the physician, physician assistant or advanced practice registered nurse pursuant to which the pupil will manage his or her asthma, anaphylaxis or diabetes if the pupil experiences an asthmatic attack, anaphylactic shock or diabetic episode while on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus; and

(c) A signed statement of the parent or legal guardian:

(1) Indicating that the parent or legal guardian grants permission for the pupil to self-administer the medication while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus;

(2) Acknowledging that the parent or legal guardian is aware of and understands the provisions of subsections 4 and 5;

(3) Acknowledging the receipt of the protocols provided pursuant to subsection 2;

(4) Acknowledging that the protocols established pursuant to subsection 2 have been explained to the pupil who will self-administer the medication and that he or she has agreed to comply with the protocols; and

(5) Acknowledging that authorization to self-administer medication pursuant to this section may be revoked if the pupil fails to comply with the protocols established pursuant to subsection 2.

4. The provisions of this section do not create a duty for the board of trustees of the school district, the school district, the public school in which the pupil is enrolled, or an employee or agent thereof, that is in addition to those duties otherwise required in the course of service or employment.

5. If a pupil is granted authorization pursuant to this section to self-administer medication, the board of trustees of the school district, the school district and the public school in which the pupil is enrolled, and any employee or agent thereof, are immune from liability for the injury to or death of:

(a) The pupil as a result of self-administration of a medication pursuant to this section or the failure of the pupil to self-administer such a medication; and

(b) Any other person as a result of exposure to or injury caused by needles, medical devices or other medical waste from the self-administration of medication by a pupil pursuant to this section.

6. Upon receipt of a request that complies with subsection 3, the principal or, if applicable, the school nurse of the public school in which a pupil is enrolled shall provide written authorization for the pupil to carry and self-administer medication to treat his or her asthma, anaphylaxis or diabetes while the pupil is on the grounds of a public school, participating in an activity sponsored by a public school or on a school bus. The written authorization must be filed with the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled and must include:

(a) The name and purpose of the medication which the pupil is authorized to self-administer;

(b) The prescribed dosage and the duration of the prescription;

(c) The times or circumstances, or both, during which the medication is required or recommended for self-administration;

(d) The side effects that may occur from an administration of the medication;

(e) The name and telephone number of the pupil's physician, physician assistant or advanced practice registered nurse and the name and telephone number of the person to contact in the case of a medical emergency concerning the pupil; and

(f) The procedures for the handling and disposal of needles, medical devices and other medical waste.

7. The written authorization provided pursuant to subsection 6 is valid for 1 school year. If a parent or legal guardian submits a written request that complies with subsection 3, the principal or, if applicable, the school nurse of the public school in which the pupil is enrolled shall renew and, if necessary, revise the written authorization.

8. If a parent or legal guardian of a pupil who is authorized pursuant to this section to carry medication on his or her person provides to the principal or, if applicable, the school nurse of the public school in which the

pupil is enrolled doses of the medication in addition to the dosage that the pupil carries on his or her person, the principal or, if applicable, the school nurse shall ensure that the additional medication is:

- (a) Stored on the premises of the public school in a location that is secure; and
- (b) Readily available if the pupil experiences an asthmatic attack, anaphylactic shock or diabetic episode during school hours.

9. As used in this section:

(a) “Advanced practice registered nurse” means a registered nurse who holds a valid license as an advanced practice registered nurse issued by the State Board of Nursing pursuant to [NRS 632.237](#).

(b) “Medication” means any medicine prescribed by a physician, physician assistant or advanced practice registered nurse for the treatment of anaphylaxis, asthma or diabetes, including, without limitation, asthma inhalers, auto-injectable epinephrine and insulin.

(c) “Physician” means a person who is licensed to practice medicine pursuant to [chapter 630](#) of NRS or osteopathic medicine pursuant to [chapter 633](#) of NRS.

(d) “Physician assistant” means a person who is licensed as a physician assistant pursuant to chapter 630 or 633 or NRS.

(e) “Self-administer” means the auto-administration of a medication pursuant to the prescription for the medication or written directions for such a medication.

(Added to NRS by [2005, 85](#); A [2015, 524](#); [2017, 1743](#); [2019, 138](#))

WHITE PINE COUNTY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

PROCEDURE FOR ADMINISTERING MEDICATION IN THE SCHOOL SETTING

If it becomes necessary for a student to take any form of medication at school these steps must be followed:

Scheduled / As needed Prescription Medication:

1. Consent and request for oral medication during school form must be filled out
 - a. Signed by the Primary Care Provider
 - b. Signed by the Parent/Guardian
 - c. Must include student name, medication, dosage and time to be given
2. Medication must be properly identified and in its original pharmacy labeled container.
3. A medication log of when the medication was given and by whom
4. Medication is to be stored in a secured area.

Over the Counter as needed medication:

1. Over the Counter Medication Consent and Request form filled out
2. Medication is in original bottle labeled.
3. A medication log of when medication was given
4. Medication to be stored in a secured area.

PROCEDURE: (Always wash hands first, wear gloves)

1. Identify Student
2. Identify Medication
 - a. Right student
 - b. Right Medication
 - c. Right Dose
 - d. Right Route
 - e. Right Time
3. Record initials of the person administering the medication on the student's medication record.
4. Return medication to secure area.

Name of Delegate: _____ Name of Delegator _____

Date of Instruction: _____ Initials of instructor: _____ Initials of delegate : _____

WHITE PINE COUNTY SCHOOL DISTRICT

1135 AVE C ELY, NV 89301

P) 775-289-4851 F) 775-289-3999

HEALTH SERVICES DEPARTMENT

HEATHER WILLIAMS RN BSN CHIEF DISTRICT SCHOOL NURSE

CONSENT AND REQUEST FOR ORAL MEDICATION DURING SCHOOL

The undersigned physician advises you that _____, a certified student of the White Pine County School District, requires the following described medication during the school day:

MEDICATION: _____ **DOSE:** _____

TIME TO BE ADMINISTERED: _____

ANY OTHER INSTRUCTIONS: _____

This medication will be provided to the White Pine County School District by the parent/guardian of said student and the undersigned parent/guardian agrees to assume all responsibility for maintaining the supply of said medication and replacing such medication when its effectiveness has lapsed by reason of time.

The undersigned parent/guardian hereby requests the White Pine County School District, through Health Services and/or school staff to administer to said student the above prescribed medication during the school day. Said parent/guardian hereby expressly relieves the White Pine County School District, the Board of Trustees of the district and all agents of the district from any liability for the administration of such medication, and further hereby agrees to hold the White Pine County School District, the Board of Trustees of the district and all agents of the district from any liability for the administration of such medication, and further hereby agrees to hold the White Pine County School District, the Board of Trustees of the district, and all agents of district harmless from any liability for the administration of such medication.

(MD, DO, APRN, PA) WRITTEN NAME: _____

(MD, DO, APRN, PA) SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

*I give permission for the school nurse to discuss with the above named MD, DO, APRN, or PA any observations of effects on my student in relation to the above medication or changes in my student as a result of said medication.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

REVIEWED/APPROVED BY SCHOOL NURSE: _____ **DATE:** _____

PRINCIPAL: _____ **DATE:** _____

WHITE PINE COUNTY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT

"Making a Difference"

PARENT AUTHORIZATION FOR ADMINISTRATION OF OVER THE COUNTER MEDICATIONS AT SCHOOL AND AFTER-SCHOOL ACTIVITIES (Subject to approval by Chief School Nurse and Principal)

Name of Student: _____ Date of Birth: _____

Address: _____ Grade: _____

Condition for which the medication is administered _____

Name of Medication and dose to be administered orally _____

Time or indication for administration: _____

Duration (dates) of administration: From _____ to _____ (limit one school year)

PARENT/GUARDIAN AUTHORIZATION

I request that my student, named above be allowed to: self /carry and administer the above medication(s).

I give permission for the school nurse/designee to administer to my student named above the listed medication(s).

I (parent/guardian) take full responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student and medication; and the manufacturer's recommendations will be followed at all times. No more than a 30-day school supply of medication will be kept at the school. This medication will be destroyed unless picked up within one week after the end of the school year or end date of this form. This medication may NOT be shared with any other person while being allowed to carry at school on the school grounds or at any school activity.

Parent/Guardian Signature _____ Date _____ Student Signature _____ Date _____

Parent contact numbers : _____

We(WPCSD) accept the parent /guardian request and/or physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event

Chief District School Nurse

Date

Principal Signature

Date



Skills Checklist Inhaler Medication Administration

Name of Delegatee: _____

Skill	Date Demonstration	Date Return Demonstration	Date Return Demonstration
<input type="checkbox"/> Wash hands			
<input type="checkbox"/> Check for signed medication administration authorization			
<input type="checkbox"/> Read medication label and check for 5 Rights:			
• Right Child			
• Right Medication			
• Right Dosage			
• Right Time			
• Right Route			
<input type="checkbox"/> Shake Inhaler 2-5 seconds.			
<input type="checkbox"/> Prime inhaler with three puffs if:			
• First time inhaler is used, or			
• Inhaler has not been used for two weeks			
<input type="checkbox"/> Check 5 Rights			
<input type="checkbox"/> Remove cap and hand inhaler to student			
<input type="checkbox"/> Have student sit or stand straight up, exhale slowly and place inhaler into mouth between teeth with lips closed tightly around			
<input type="checkbox"/> Student should activate inhaler and begin inhaling slowly 3-5 seconds, then hold breath for 10 seconds before exhaling. (If spacer is used, have student take several breaths)			
<input type="checkbox"/> If second dose is ordered, wait 1-2 minutes before administering second puff.			
<input type="checkbox"/> Replace cap and put inhaler away			
<input type="checkbox"/> Wash hands			
<input type="checkbox"/> Document administration			

I, _____ : (delegatee)

- Am willing,
- Received training and feel competent to safely administer inhaler medication as instructed, and
- Agree to ask questions, communicate concerns promptly, and document all medication administration.

Delegatee Signature

Date

I, _____ : (School Nurse)

- Have determined the above named person is willing, and has the knowledge, skills and ability to safely administer inhaler medication as delegated by myself.

School Nurse Signature

Date

THE “FIVE RIGHTS” OF ASSISTING WITH MEDICATIONS

Many of the policies and procedures discussed touch on the essential safety “RIGHTS”. These are called the “**FIVE Rs**”.

If you have questions or if anything is not clear, ask the school nurse or the parents for clarification.

TRIPLE CHECK THESE “FIVE Rs” EACH AND EVERY TIME YOU GIVE MEDICATION.

This review will give you a systematic safety check and reduce your chance of making a mistake.

RIGHT CHILD

Is this the right child? Even if you think you know the child to whom you’re giving the medication, double check by asking his/her name or have another method of verification.

RIGHT MEDICATION

Make sure are giving the right medication. Compare the physician’s written instructions to the medication log and pharmacy label.

RIGHT DOSAGE

Be sure to give the exact amount of the medication specified by the physician orders and the pharmacy label.

RIGHT TIME

Check the medication log for the time when the medication should be given and to determine if it has already been given for the current day. Up to 30 minutes before or after the prescribed time is OK.

RIGHT ROUTE

Check the medication order and pharmacy label for the method indicating the exact route the medication is to be given, e.g. by mouth, by injection.

WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

GUIDELINE FOR DOCUMENTING DELEGATION OF MEDICATION

School _____ Date _____

Delegatee _____ Delegator _____

Criteria	On File	Delegator's Initials	Delegatee's Initials	Comments
Physician's Authorization to give medication				
Parent's permission to give medication				
Health Care Plan (if indicated)				
Medication in pharmacy labeled bottle				
Direction for medication storage				
Demonstration Procedure (how to determine dosage)				
Instruction on documentation of medication given (check to see if med has already been given)				
Return Demonstration (include documentation)				
Process to locate RN				

Monitored Demonstrations		
1. _____	2. _____	3. _____
4. _____	5. _____	6. _____

Delegatee's Signature _____	Initials _____
Delegator's Signature _____	Initials _____

MEDICATION CONTROL LOG
STUDENT NAME _____

	A	B	C	D	E	F	G
1	DATE	TIME	MEDICATION	ADDED	USED	FINAL	COUNTED BY
2							
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6							
7							
8							
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WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICES DEPARTMENT

PROCEDURES AND GUIDELINES FOR DEVELOPING A HEALTH CARE PLAN

A Health Care Plan (HCP) is used to achieve standardization of care to select students who have significant medical problems. It provides information on the medical condition and guidelines which describe steps to be taken in the health management at school. It may be appropriate for the HCP to be a part of a 504 accommodation plan or the student's IEP.

The decision regarding which students require a HCP is based on the school nurse's professional judgment. A number of factors determine the development of an HCP, including:

1. Stability of the student's medical condition.
2. Potential for acute alteration in health status.
3. Potential for urgent or life threatening situation.
4. Student requires regular medical procedure at school (blood sugars, breathing treatment).
5. Condition affects the child's physical functioning in the school setting (wheelchair dependent, requires assistance with activities of daily living).
6. Parent request.

In the event a student's condition is stable, and an HCP is not required, the staff should be made aware of the student's medical problem, and guidelines for first aid should be provided. This can be accomplished through a memo to teachers or through the distribution of the Disability List. If a student requires a food or drink substitution due to allergies, a memo should be sent to the Food Services Department.

The following guidelines may be considered when determining if a student requires a Health Care Plan; however the professional judgment of the school nurse is first and foremost in the decision making process.

1. Child has a condition which requires on-going medication at school or at home, routine or PRN, for treatment of a potentially serious health problem (asthma inhaler).
HCP's are not usually required for short term medications, such as antibiotics.

2. Requires modification during school day (asthmatic stays indoors on windy days, or student with eye injury requires goggles during P.E. for six weeks).
3. Requires special medical procedure during school day (blood sugar testing, breathing treatment).
4. Student has medical device or prosthesis (shunt, artificial eye).
5. Allergies which are severe. This includes food, environmental or insect reaction.
6. Presence of any chronic health problem such as diabetes, asthma, cystic fibrosis, seizures or cancer with frequent changes in status management, which are likely to impact education and/or student's safety at school. This is information that needs to be shared with school staff; however whether or not a Health Care Plan is indicated for every condition is based on the severity of the problem and the professional judgment of the school nurse.
7. Has a physical abnormality which might affect school functioning (student with deformed arm requires assistance with lunch and P.E.)

PROCEDURE

1. Identify students requiring individual health care plans.
2. Collaborate with the teacher and parent/guardian regarding student's health concerns/educational implications and needs.
3. Develop individual health care plan. Standardized care plan may be utilized and adapted, if appropriate, however, care plan **must** be individualized.
4. Share individual health care plan with parent/guardian.
5. Revise and update care plan to reflect parent/teacher information regarding current health status/changes.
6. Distribute original health care plan to appropriate staff. Discuss individually, as indicated.
7. Provide copy of care plan to parent/guardian.
8. File copies of health care plan in Care Plan Notebook, and cumulative folder. All care plans should be maintained confidentially, however, the information must be readily accessible to school personnel.

WHITE PINE COUNTY SCHOOL DISTRICT
INDIVIDUAL MEDICATION RECORD

STUDENT NAME _____

SCHOOL NURSE _____ SCHOOL _____ GRADE _____

DESIGNATED PERSON _____ TEACHER _____ YEAR _____

SIGNATURE AND INITIALS OF DESIGNATED PERSONS _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

Use one form per student per medication, BID medications require 2 separate forms.
 Initial each entry.
 Signature and initials of designated person(s) assisting with medication are required.
 Note absences (AB), Weekends/Holidays (X)

Medication _____
 Dosage _____
 Time to be given _____
 Start Date _____ D/C _____
 Special Instructions _____

**WHITE PINE COUNTY SCHOOL DISTRICT
HEALTH SERVICE DEPARTMENT
NURSE PRACTICE ACT
CHAPTER 632
NEVADA REVISED STATUTES AND REGULATION**

A FULL UPDATED COPY IS LOCATED IN THE CHIEF DISTRICT NURSE OFFICE AT THE HIGH SCHOOL AND IS AVAILABLE UPON REQUEST.

SCHOOL NURSE REGULATIONS ARE ATTACHED.

Nevada State Board of
NURSING

**School Nurse Regulation and
Advisory Opinion**

School Nurse Regulation

NAC 632.226 Employment as school nurse: Duties; delegation of nursing care; requirements for administering medication to pupils. (NRS 632.120)

1. A school nurse who is a registered nurse shall direct and provide school nursing services.
2. In carrying out a plan of nursing care for a pupil with special needs pursuant to NRS 391.208, a school nurse who a registered nurse may delegate nursing services to a qualified person.
3. A school nurse may delegate only those duties that the Board has approved. The Board will maintain a list of the duties it has approved for delegation and provide a copy of the list to a school nurse or member of the general public upon request.
4. A licensed practical nurse who is employed by a school district to provide nursing services in a school may not delegate nursing services or assign duties relating to such services to another person.
5. A school nurse shall develop safe and effective procedures for the administration of medication to pupils that comply with nationally recognized standards and the laws of this State.
6. A school nurse may not administer medication to a pupil or delegate that duty to another person unless:
 - (a) The school nurse has obtained written authorization from the parent or legal guardian of the pupil to administer the medication;
 - (b) The medication is labeled; and
 - (c) The school nurse verifies that the medication has been prescribed and dispensed by a person authorized to do so pursuant to chapter 453, 454 or 639 of NRS or the laws of another state or the District of Columbia.
7. A record of the medication administered to a pupil must be maintained at the school the pupil attends. Each time the school nurse or the person to whom he or she delegated the nursing services administers medication to the pupil, it must be indicated in the record.
8. As used in this section:
 - (a) "Qualified person" means a person who is:
 - (1) Certified or licensed by this State to provide nursing care to a pupil;
 - (2) Willing to provide nursing services to a pupil and who the school nurse has determined has the knowledge and skill to provide that nursing services to the pupil in a safe and effective manner; or
 - (3) Except as otherwise provided in this paragraph, exempt from the requirement of obtaining a license to practice nursing pursuant to subsection 1 of NRS 632.340 and whom the parent or legal guardian of the pupil designates as a person who may provide nursing services to the pupil. A parent or legal guardian may not designate a person who is employed by the school district in which the pupil attends school as a person who may provide nursing services to the pupil.
 - (b) "School nurse" means a licensee who is qualified as set forth in subsection 2 of NRS 391.207 and the regulations adopted pursuant thereto as a school nurse and who is serving in that capacity.

(Added to NAC by Bd. of Nursing by R071-00, eff. 10-20-2000; A by R002-10, 8-13-2010; R112-11, 2-15-2012)

Nevada State Board of
NURSING

**School Nurse Regulation and
Advisory Opinion**

Nevada State Board of Nursing Advisory Opinion

All students in public school districts deserve to have their health care needs met to enhance optimum learning. In addition, the Individuals With Disabilities Education Act (IDEA), mandates that all disabled children be provided an education in the least restrictive environment and the special health care needs of children shall be met. An increasing number of children with exceptional health care requirements are currently being mainstreamed into the school system. It is the Board of Nursing's recommendation that School Nurses should direct and/or provide school health services. School Districts need to arrange for adequate personnel to provide care.

The role, duty, responsibility, and employment of the school nurse, must comply with the Nurse Practice Act (NRS Chapter 632 and NAC 632) and NRS Chapter 391.207, 391.208, and 392.420.

The school nurse is responsible for developing, implementing, evaluating, and revising the individualized health care plan for each student with special health care needs under his/her supervision.

- A. Input for the individualized health care plan is gathered from a multi-disciplinary health team to include, but not limited to, the following:
 - 1. The student's primary licensed health care provider
 - 2. The student's parent/guardian
 - 3. The student, when able to communicate
 - 4. Primary RN coordinating student's home care
 - 5. Social worker, if involved
 - 6. Designated school representative (per IDEA requirement)
 - 7. Student's teacher, school counselor and school psychologist
 - 8. Licensed nurses employed by the school district who provide care to the student
 - 9. Health care providers (example: Occupational or Physical Therapist, Vision Impaired Specialist, Hearing Impaired Specialist, Mental Health Counselor)

- B. The individualized health care plan is based on the evaluation of a number of variables specific to each student and includes, but is not limited to, the following:
 - 1. The stability of the student's medical condition including diagnosis, symptomatology, special alerts, emergent factors and educational implications for the student. Consideration should be given to the questions, "can the student's stability change dramatically to life-threatening within a few minutes/seconds?"
 - 2. List of medications: type, dosage, interactions, toxicity, adverse reactions and route of administration the child receives, as prescribed by a qualified practitioner.
 - 3. Utilization of PRN medications and over the counter medications.
 - 4. The nature, frequency and complexity of prescribed treatments the child requires and assessment for PRN treatments.
 - 5. The complexity and acuteness of the observations and judgments the care giver must make.
 - 6. The specific student's ability to participate in the plan of care and communicate his/her needs to the caregiver.

Nevada State Board of
NURSING

7. Environment: To include physical plant and educational staff and alternate health care providers and any adaptations that are needed to accommodate the student because of the health care needs.
 8. Level of preparation and experience of the designated direct care giver.
- C. The individualized health care plan should include written policies and procedures addressing possible medical emergencies the student may experience while in the school setting. These policies and procedures should include:
1. Definition of a medical emergency for the specific student;
 2. Designation of individuals to be notified when the emergency occurs;
 3. Identification of person who will initiate and direct the action to be taken;
 4. Specific action to be taken in this emergency;
 5. Transport specifications (internal and external), who will provide it and to where; and
 6. Format for documentation of actions taken in medical emergency.
- D. Delegation
1. The School Nurse determines when it is appropriate to delegate or assign any portion of the provision of nursing services. This delegation/assignment must occur in accordance with the standards of practice outlined in the Nurse Practice Act and the guidelines of this Advisory Opinion.
 2. The School Nurse is solely responsible for the determination of when it is appropriate to delegate or assign nursing services to a qualified person. A "qualified person" is:
 - a. A person whose license/certification authorizes his/her practice; or
 - b. A willing person whom the School Nurse has determined has acquired and/or maintained knowledge, skill and ability to perform the services in a safe and effective manner required by the child.
 3. This definition precludes the automatic utilization of the office manager, secretary or teacher as a qualified person. Only the School Nurse may delegate or assign nursing services. The School Administrator cannot legally delegate or assign nursing services. A Licensed Practical Nurse providing nursing services in a school may not delegate or assign nursing services to school personnel.
 4. A family member/friend, designated or identified by the student's parent or legal guardian, is exempt from the regulations of the Nurse Practice Act and, without delegation, training or supervision by the School Nurse, may perform required services for the student unless employed by the school district.

Developed: 01/90; Modified: 9/18/90 by Practice Committee; Modified: 9/22/90 by School Nurses; Modified: 01/91 after Superintendent's Meeting; Modified: 04/26/91 by Practice Committee; Approved: 06/13/91 by Practice Committee; Adopted: 12/6/91; Reviewed: 02/26/99; Revision Approved by Board: 5/14/99; Revised: 11/17/04, 3/16/05, 1/25/06; Revision Approved by Board: 7/19/06; Revision Approved by Board: 5/14/09; Revision Approved by Board: 3/18/10; Revision Approved by the NPAC: 2/4/14; Revision Approved by Board: 3/26/14; Revision Approved by NPAC 6/10/14; Revision Approved by the Board 7/16/14; Revision Approved by NPAC 4/2/19; Revision Approved by the Board 5/15/19.

Nevada State Board of
NURSING

Nursing Services	Qualified Person	Qualified Licensed Nurse
Delegation of nursing services; Development of protocols individualized student health care plan and emergency plan		School Nurse Only
Nasogastric feedings		X
Gastrostomy tube reinsertion/balloon inflation Gastrostomy feedings		X
Gastrostomy tube venting	Emergency only	X
Mechanical pump feedings		X
Clean intermittent catheterization	X	X
Indwelling catheter insertion		X
Sterile intermittent catheterization		X
Care of external equipment only (leg bags, straighten tubing, etc.)	X	X
Crede	X	X
Care of decubitus ulcer		X
Reinforce external dressings (underpads)	X	X
Phrenic nerve stimulator and diaphragmatic pacer		RN only
Vagal nerve stimulator	X	X
Postural drainage	X	X
Chest percussion	X	X
Oral suctioning w/ suction catheter or yankaur	Emergency	X
Light oral suctioning w/bulb	X	X
Tracheal suctioning, trach care & tube replacement	Emergency	X
Pulse Oximetry	X	X
Glucose and ketone testing -blood/urine	X	X

Nevada State Board of
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Nursing Services	Qualified Person	Qualified Licensed Nurse
Colostomy/ileostomy/urostomy care		X
Emptying devices/skin care	X	X
Cast care	X	X
Mechanical ventilator		RN only
Intravenous therapy:		X
Intermittent		X
Continuous		X
Pump devices		X
Chemotherapy		RN only
Investigational drugs		RN only
Implanted devices		RN only
Central venous access devices		RN only
Screening procedure:		
Vision/hearing	X	X
Spinal screening		RN only
Dental screening	X	X
Lice screening	X	X
Rescreening/referral to licensed health care provider		X

Nevada State Board of
NURSING

Medications

The Nevada State Board of Nursing recognizes the administration/assistance with medication is an issue of primary concern in school districts. School nurses/School Districts are referred to the State Board of Pharmacy to work out a suitable mechanism for the accomplishment of this task. Any medication procedure developed must meet the standard requirement for the safe administration/assistance of medications.

Medication	Qualified Person	Qualified Licensed Nurse
Oxygen, continuous/intermittent	X	X
Oxygen, adjust nasal prongs	X	X
Oral	X	X
Topical therapeutic	X	X
Injections, unless otherwise specified		X
Automatic devices for fixed dosage injection	X	X
Administration of glucagon injection kit in emergent situation	X	X
Administration of Solu-Cortef act-o-vile /hydrocortisone sodium succinate in emergent situation	X	X
Calculation of insulin dosage via pump, pen, or syringe for student self-administration	X	X
Verification of insulin dosage via pump, pen, or syringe for student self-administration	X	X
Administration of insulin: In order for the school nurse to delegate to an unlicensed assistive personnel (UAP) the school nurse must first develop a written, individualized student health plan and be available at all times to provide consultation to the UAP	X	X
Inhalation	X	X
Bladder		RN only
Rectal		X
Nasogastric or gastrostomy tube		X